Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

<u>A</u>	רטו נוו	e 2019 calendar year, or tax year beginning Joh 1, 2019	and	enaing J	UN 30, 2020		
В	Check if applicab	C Name of organization MINNESOTA PUBLIC RADIO			D Employer ider	ntific	cation number
	Addre						
F	Name				41-09539	24	
F	Initial		.022)	Room/suite	E Telephone nur		
F	Final	480 CEDAR STREET	033)	1100m/suite	(651) 290		
	—lreturr termii ated	/	tal code		G Gross receipts \$		106,005,216.
Г	Amer	ded cm DATIT MAT 55101	iai oodo		H(a) Is this a grou	ın re	
F	Appli		₹.		for subordina	-	
	pendi	SAME AS C ABOVE			H(b) Are all subordina		····· — —
$\overline{\mathbf{I}}$	Tax-ex	empt status: X 501(c)(3) 501(c) ()	4947(a)(1)	or 527	1 ` ′		list. (see instructions)
		te: WWW.MPR.ORG/WWW.AMERICANPUBLICMEDIA.ORG			H(c) Group exem		
			ther >	L Year	of formation: 1967		1 State of legal domicile: MN
	art I	Summary			-		<u> </u>
_	1	Briefly describe the organization's mission or most significant activities	es: NONCOM	MERCIAL E	DUCATIONAL PUE	BLIC	
Activities & Governance		RADIO BROADCASTING.					
'n	2	Check this box if the organization discontinued its operation	ons or dispo	sed of more	than 25% of its net	t ass	ets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)				3	36
Ğ	4	Number of independent voting members of the governing body (Part	VI, line 1b)			4	35
oč V	5	Total number of individuals employed in calendar year 2019 (Part V, li				5	712
i‡ie	6	Total number of volunteers (estimate if necessary)				6	273
Ę.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	3,386,930.
_	b	Net unrelated business taxable income from Form 990-T, line 39				7b	0.
					Prior Year		Current Year
ď	8	Contributions and grants (Part VIII, line 1h)			84,882,65	$\overline{}$	76,890,625.
Revenue	9	Program service revenue (Part VIII, line 2g)		24,759,51	11.	23,967,049.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,515,09	99.	1,643,176.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e))		947,81	18.	1,235,216.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		112,105,07	78.	103,736,066.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			1,443,93	34.	1,410,501.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				٥.	0.
y.	15	Salaries, other compensation, employee benefits (Part IX, column (A),	, lines 5-10)		60,391,67	75.	63,943,399.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				٥.	419,664.
e e	b	Total fundraising expenses (Part IX, column (D), line 25)					
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			52,168,99	94.	51,668,479.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)		114,004,60	03.	117,442,043.
_	19	Revenue less expenses. Subtract line 18 from line 12			-1,899,52	25.	-13,705,977.
Net Assets or	9			Ве	ginning of Current Ye	$\overline{}$	End of Year
sets	20	Total assets (Part X, line 16)			164,011,03	$\overline{}$	186,307,510.
t As	21	Total liabilities (Part X, line 26)			51,245,81	_	75,033,335.
		Net assets or fund balances. Subtract line 21 from line 20			112,765,21	16.	111,274,175.
	art II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompan				of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all info	ormation of w	nich preparer	has any knowledge.		
		Signature of officer			 Date		
Sig		1,			Date		
He	re	MORRIS GOODWIN, JR., SENIOR VP & CFO Type or print name and title					
				Ιr	Date Check	, _	PTIN
D-:	4	Print/Type preparer's name Preparer's signature SARAH REICHLING SARAH REICHLING			o (00 (01		
Pai			NG	ΙΟ.	1 1 2 2 2 2	mploye	41-0746749
	parer	Firm's name CLIFTONLARSONALLEN LLP Firm's address 220 S 6TH STREET, SUITE 300			Firm's EIN	<u> </u>	41-0/40/43
USE	Only	Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402			Dhone re	61 o	-376-4500
N/-	v +b > '	RS discuss this return with the preparer shown above? (see instruction	ne)		Pilone no.	J 1 2 -	X Yes No
ivid	y une l	no discuss this return with the preparer shown above? (See instruction	ا				169NO

Pa		tement of Program				
			<u> </u>	y line in this Part III		<u>X</u>
1		cribe the organization's mi		S TO ENRICH THI	E MIND AND	
		THE SPIRIT, THEREBY				
		IVES OF OUR AUDIENC				
		OMMUNITIES.	,			
2	Did the ord	ganization undertake anv s	ignificant program servic	es during the vear v	which were not listed on the	
						Yes X No
		escribe these new services				
3	Did the ord	ganization cease conductir	ng, or make significant ch	nanges in how it cor	nducts, any program services?	Yes X No
		escribe these changes on s		· ·	, , ,	
4				s for each of its thre	ee largest program services, as me	asured by expenses.
					f grants and allocations to others, t	
		any, for each program ser				
4a	(Code:) (Expenses \$	91,589,092. inc	luding grants of \$	1,410,501.) (Revenue \$	20,578,017.
	SEE SCHE	DULE O.	_			
4b	(Code:) (Expenses \$	inc	luding grants of \$) (Revenue \$)
					, , ,	,
4c	(Code:) (Eynansas \$	inc	luding grants of \$) (Revenue \$	1
	(Oude:) (Expended #				,
4d	Other proc	gram services (Describe on	Schedule O.)			
	(Expenses \$, 23222 (B 0001100 011	including grants of \$) (Revenue \$)
 4е	•	ram service expenses		9,092.	, V 21100 A	I
	c.a. progr	Same Same Same Same Same Same Same Same				Form 990 (2019)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	امدا	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
L	Part VI	11a	Λ	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11h	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	- 21	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>

Form 990 (2019) Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		X
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 692			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	712			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	_	.,	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	eccour	nt)?	4a	Х	
D	If "Yes," enter the name of the foreign country CHINA Can inch vertice for filling requirements for Finoncial A. Bonart of Foreign Bonk and Financial A.		to (FDAD)			
E0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		` '	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		X
d	,	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
0	on an artist to the second of	-	6	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the analysis is a supplied to a supplied to the distribution of the distribution o			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40:	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	I			
	In the constitution is a second to increase and if and health along to constitution and add to			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the constitution of th			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration				
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

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Part VI	Governance, Manageme	ent, and Disclosure	For each "Yes" response to lines 2 through 7b below, and for a "No" r	esponse
			, processes, or changes on Schedule O. See instructions.	
				Г

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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))	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own 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	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	rson i	than s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JON MCTAGGART	33.00									
PRESIDENT & CEO, APMG	15.00			Х				0.	676,138.	45,330.
(2) KAI RYSSDAL	40.00									
HOST	0.00					Х		525,028.	0.	47,847.
(3) DAVID KANSAS	33.00									
EVP & PRESIDENT, APM	15.00			Х				0.	522,953.	49,726.
(4) DAVID BRANCACCIO	40.00									
HOST	0.00					Х		447,560.	0.	26,978.
(5) TIMOTHY ROESLER	48.00									
CHIEF BUS DEV OFFICER	0.00			Х				393,342.	0.	46,663.
(6) MICHAEL LEWIS	32.00									
SVP & GENERAL COUNSEL OFFICER, APMG	16.00			Х				0.	358,153.	31,469.
(7) RANDI YODER	48.00								_	
SVP DEVELOPMENT	0.00			Х				353,715.	0.	32,128.
(8) MORRIS GOODWIN, JR.	32.00									
SVP & CFO, APMG	16.00		_	Х				0.	365,299.	18,805.
(9) DEBORAH CLARK	40.00									
SVP & GEN MANAGER, MKTPL, FORMER	0.00			Х				330,707.	0.	49,778.
(10) TIMOTHY KRESSE	40.00					l		24.4 252		40.540
NATIONAL ACCOUNT EXECUTIVE	0.00					Х		314,858.	0.	42,613.
(11) MICHAEL RESZLER	48.00			٠,				212 407	0	22.056
SVP & CHIEF STRATEGIC OFFICER	0.00			Х				312,407.	0.	32,856.
(12) NICHOLAS KEREAKOS SVP - CHIEF TECH OFFICER	1.00			х				214 774	0.	21 014
(13) LISA BITTMAN				Λ				314,774.	0.	21,914.
DIRECTOR, APM NATIONAL SALES	0.00					x		278,921.	0.	30 177
(14) MOLLY WOOD	40.00				\vdash	<u> </u>		270,321.	0.	39,477.
HOST	0.00	1				x		283,952.	0.	31,573.
(15) CARMEN JOHNSON	40.00					 _,		203,332.	· ·	31,373.
SVP & CHIEF MARKETING OFFICER	8.00			х				277,159.	0.	34,333.
(16) NANCY ISON	40.00		\vdash	Ť			\vdash	2,233.	•	52,000
MANAGING DIRECTOR NEWS-MARKETPLACE	0.00	1			x			259,341.	0.	18,431.
(17) DOUGLAS RODERICK	33.00				Ť				•	,
VP & CORPORATE CONTROLLER, APMG	15.00	1		х				0.	225,231.	41,943.
932007 01-20-20						_			,	Form 990 (2019)

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Part VII Section A. Officers, Directors, Trust	toes Key Emr	lov	200	and	Hid	nhos	t Co	omnensated Employee	AS (continued)	r ago -
(A)	(B)	, cy	,	((J1103		(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	Pos neck i ss per	ition more rson is	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MARK CROWLEY	40.00									
CHIEF OPERATING OFFICER, MARKETPLACE	0.00				Х			226,256.	0.	40,028.
(19) CHRISTINE PHELPS	33.00									
SVP & CHIEF HR OFFICER, APMG	15.00			Х				0.	230,714.	16,658.
(20) CHANDRA KAVATI VP - DISTRIBUTING & UNDERWRITING	48.00			х				195,869.	0.	45,784.
(21) LILIANA (LILY) KIM	40.00							,		,
VP, APM STUDIOS	0.00			х				101,860.	0.	1,610.
(22) DUCHESNE DREW	40.00							·		·
PRESIDENT, MPR	0.00			х				0.	0.	0.
(23) MARY BRAINERD	1.00									
TRUSTEE/ CHAIR	1.00	Х		Х				0.	0.	0.
(24) JIM DWYER	1.00									
TRUSTEE/VICE CHAIR	1.00	Х		Х				0.	0.	0.
(25) LARRY BERGER	1.00									
TRUSTEE/TREASURER	1.00	Х		Х				0.	0.	0.
(26) SIMA GRIFFITH	1.00									
TRUSTEE\SECRETARY	1.00	Х		Х				0.	0.	0.
1b Subtotal							•	4,615,749.	2,378,488.	715,944.
c Total from continuation sheets to Part VII	, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	4,615,749.	2,378,488.	715,944.
2 Total number of individuals (including but n							~ ~~	saired mare than \$100	000 of reportable	

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

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

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or with	in the organization 3 tax year.	
(A)	(B)	(C)
Name and business address	Description of services	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 liste	d above) who received more than	
\$100,000 of compensation from the organization \triangleright 21		

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 AMERICAN PUBLIC MEDIA 41-0953924

Form 990 AMERICAN PU									41-09539	924
		nplo	yee			lighe	est (Compensated Employe	,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	/-!			ition			Reportable	Reportable	Estimated
	hours per	(CI	neck I	(all)	that	app I	ly)	compensation from	compensation from related	amount of other
	week					ee		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted en		(W-2/1099-MISC)	,	organization
	related	stee o	ruste			seu sa				and related
	organizations	al tru	onal t		ploye	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VIVEK AGRAWAL	1.00	드	드	0	3	포	F			
TRUSTEE	0.00	Х						0.	0.	0
(28) WENDY BENNETT	1.00							5.	••	
TRUSTEE	0.00	Х						0.	0.	0
(29) JOANNE VON BLON	1.00									
TRUSTEE	0.00	х						0.	0.	0
(30) JULIE CAUSEY	1.00									
TRUSTEE	0.00	х						0.	0.	0
(31) IVAN FONG	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(32) IAN R. FRIENDLY	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(33) SID GHANDI	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(34) SHAWNTERA HARDY	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(35) KANDACE HECK	1.00									_
TRUSTEE	0.00	Х						0.	0.	0
(36) ELIZABETH HLAVKA TRUSTEE	0.00	х						0.	0	0
(37) RANDALL J. HOGAN	1.00	Λ						٠.	0.	0
TRUSTEE	0.00	X						0.	0.	0
(38) DR. KENNETH HOLMEN	1.00	Λ						· ·	٠.	0
TRUSTEE	0.00	х						0.	0.	0
(39) OMAR ISHRAK	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(40) RICK KING	1.00									
TRUSTEE	1.00	х						0.	0.	0
(41) SUSAN BOREN KING	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(42) EMERY KOENIG	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(43) KARIN L. LARSON	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(44) JONATHAN LOW	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(45) NANCY LYONS	1.00									_
TRUSTEE	0.00	Х		_				0.	0.	0
(46) KATE MORTENSON TRUSTEE	1.00								_	_
	0.00	Х	ı	ı	I	ı		0.	0.	0

41-0953924 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (E) (F) Name and title Average Position Reportable Reportable **Estimated** (check all that apply) compensation hours compensation amount of per from from related other the organizations compensation week Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer line) (47) DAVE MURPHY 1.00 TRUSTEE 1.00 Х 0. 0. 0. (48) DREW MURPHY 1.00 0. TRUSTEE 2.00 Х 0. 0. (49) LIWANAG OJALA 1.00 TRUSTEE 1.00 Х 0. 0. 0. (50) WILLIAM PEARCE 1.00 TRUSTEE 0.00 0 0. Х 0. (51) BRYAN PHILLIPS 1.00 0.00 TRUSTEE Х 0 0 0. (52) ADDISON (TAD) PIPER 1.00 TRUSTEE 0.00 Х 0 0 0. (53) JULIAN POON 1.00 TRUSTEE 2.00 Х 0 0 0. (54) NII-AYITE QUAYE 1.00 TRUSTEE 1.00 0. 0. 0. (55) STEVEN ROTHSCHILD 1.00 TRUSTEE 0.00 0. 0. 0. (56) MARIANNE SHORT 1.00 TRUSTEE 0.00 0. 0. 0. (57) PATRICIA SIMMONS, MD 1.00 TRUSTEE 0.00 0. 0. 0. (58) JEAN TAYLOR 1.00 TRUSTEE 1.00 Х 0. 0. 0. (59) RODNEY YOUNG 1.00 TRUSTEE 0.00 0. 0. 0. Total to Part VII, Section A, line 1c

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AMERICAN PUBLIC MEDIA

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b 28,628,375. **b** Membership dues c Fundraising events 1c 8,748,435 d Related organizations 1d 4,538,733. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 34,975,082 1f 1,104,588 g Noncash contributions included in lines 1a-1f 76,890,625. h Total. Add lines 1a-1f **Business Code** 2 a PROGRAM DISTRIBUTION R 515100 18,503,134. 18,503,134. Program Service Revenue b ADVERTISING 541800 3,389,032 3,389,032 OTHER EARNED REVENUE 515100 2,074,883. 2,074,883. f All other program service revenue 23,967,049. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,635,661 1,635,661. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 1,183,785. 1,183,785. 5 Royalties (i) Real (ii) Personal 255,682 6 a Gross rents 204,251 6b **b** Less: rental expenses ... 51,431 c Rental income or (loss) 51,431, -2.102 53,533. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,072,414. assets other than inventory **b** Less: cost or other basis 2,056,633. 8,266. Other Revenue and sales expenses 15,781. -8,266. c Gain or (loss) 7,515. 7,515. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 103,736,066. 20,578,017. 3,386,930. 2,880,494. Total revenue. See instructions 12

932009 01-20-20

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Part IX | Statement of Functional Expenses

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

Do no	Check if Schedule O contains a respons at include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
a	and domestic governments. See Part IV, line 21	1,410,501.	1,410,501.		
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	2,463,590.	695,746.	613,019.	1,154,825
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)			1 200 100	
	Other salaries and wages	50,200,140.	42,008,518.	1,200,488.	6,991,134
	Pension plan accruals and contributions (include	0 604 540	0.400.007	60 650	262 562
	section 401(k) and 403(b) employer contributions)	2,631,710.	2,199,334.	69,658.	362,718
	Other employee benefits	4,892,943.	3,760,024.	491,003.	641,916
	Payroll taxes	3,755,016.	3,112,998.	118,725.	523,293
	Fees for services (nonemployees):				
	Management	051 101	21 662	020 450	
	_egal	271,121.	31,663.	239,458.	
	Accounting	499,005.	14,403.	484,602.	
	_obbying	143,221.		143,221.	410.664
	Professional fundraising services. See Part IV, line 17	419,664.			419,664
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	F 010 100		F 010 100	
	column (A) amount, list line 11g expenses on Sch O.)	5,912,106.	6 214 062	5,912,106.	0.41 700
	Advertising and promotion	7,238,575.	6,214,063.	82,804.	941,708
	Office expenses	1,530,810.	849,358.	261,751.	419,701
	nformation technology				
	Royalties	8,463,970.	7,876,293.	110 261	160 116
	Occupancy			119,261.	468,416
	Travel	778,807.	568,536.	48,198.	162,073
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	153,862.	124,341.	9,335.	20,186
	Conferences, conventions, and meetings	491,965.		44,433.	
	nterest	491,903.	270,148.	44,433.	177,384
	Payments to affiliates	3,973,822.	3,493,309.	84,796.	395,717
	Depreciation, depletion, and amortization		6,914.	· · · · · · · · · · · · · · · · · · ·	5,739
	nsurance	493,600.	0,314.	480,947.	5,139
a li	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) PROGRAMMING/PRODUCTION	15,753,616.	15,005,823.	284,329.	463,464
	FINANCE/ADMINISTRATION	4,657,925.	3,909,528.	659,887.	88,510
~ -	BANK & CREDIT CARD FEES	898,978.	1,616.	45,134.	852,228
-	PRINTING	630,183.	35,976.	16,430.	577,777
		-223,087.	00,570.	-223,087.	,
	All other expenses Fotal functional expenses. Add lines 1 through 24e	117,442,043.	91,589,092.	11,186,498.	14,666,453
	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)				

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Form 990 (2019) Part X Balance Sheet

	Check if Schedule O contains a response or no	te to any lir	ne in this Part X			
	Gridde i Gorialia a response di re	ne to arry m	TO IT CHIEF CITEX	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,824,109.	1	0		
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			11,856,247.	3	7,310,675
4	Accounts receivable, net			8,430,083.	4	7,269,022
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, sub-	stantial conf	tributor, or 35%			
	controlled entity or family member of any of the	ese persons	;L		5	
6	Loans and other receivables from other disqua	lified persor	ns (as defined			
	under section 4958(f)(1)), and persons describe	d in section	n 4958(c)(3)(B)		6	
<u>φ</u> 7	Notes and loans receivable, net			14,927,069.	7	13,769,868
Assets	Inventories for sale or use			48,030.	8	60,186
v 8	Donate Salar and a second all forms at all and a second			1,205,648.	9	1,265,939
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	117,432,949.			
b	Less: accumulated depreciation		45,363,781.	38,008,392.	10c	72,069,168
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line			67,980,898.	12	65,467,926
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets			18,695,920.	14	18,695,920
15	Other assets. See Part IV, line 11		34,637.	15	398,806	
16	Total assets. Add lines 1 through 15 (must eq		1	164,011,033.	16	186,307,510
17	Accounts payable and accrued expenses			10,421,503.	17	12,033,157
18	Grants payable			18		
19	Deferred revenue			26,489,963.	19	14,507,506
20	Tax-exempt bond liabilities			14,143,794.	20	12,035,768
21	Escrow or custodial account liability. Complete				21	
00	Loans and other payables to any current or for					
ĕ	trustee, key employee, creator or founder, sub-					
Liabilities N	controlled entity or family member of any of the				22	
을 ₂₃	Secured mortgages and notes payable to unre	-			23	
24	Unsecured notes and loans payable to unrelate	-			24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line	-				
	of Schedule D	– .,		190,557.	25	36,456,904
26	Total liabilities. Add lines 17 through 25			51,245,817.	26	75,033,335
	Organizations that follow FASB ASC 958, ch					
es es	and complete lines 27, 28, 32, and 33.					
E 27				63,346,770.	27	66,559,701
<u> 28</u> 28	Net assets with donor restrictions			49,418,446.	28	44,714,474
[-	Organizations that do not follow FASB ASC					
ឨ	and complete lines 29 through 33.	, J J.				
ි ₂₉	Capital stock or trust principal, or current fund	8			29	
5 30 S 20	Paid-in or capital surplus, or land, building, or e				30	
88 31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances 22 22 32 32 32 32 32 32 32 32 32 32 32	Total net assets or fund balances			112,765,216.	32	111,274,175
2 33				164,011,033.	33	186,307,510
33	Total liabilities and net assets/fund balances			101,011,033.	ত ত	Form 990

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Form **990** (2019)

Form	1990 (2019) AMERICAN PUBLIC MEDIA	41-09539	24	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	103	,736,	066.
2	Total expenses (must equal Part IX, column (A), line 25)	2	117	,442,	043.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13	,705,	977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	112	,765,	216.
5	Net unrealized gains (losses) on investments	5		-36,	000.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	10	,985,	936.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,265,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	111	,274,	175.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	•	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► 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 **Employer identification number** AMERICAN PUBLIC MEDIA 41-0953924 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN PUBLIC MEDIA

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	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.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	67,479,345.	85,659,496.	72,079,598.	84,825,200.	77,825,702.	387,869,341.	
5	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)							
6	Public support. Subtract line 5 from line 4.						387,869,341.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	67,479,345.	85,659,496.	72,079,598.	84,825,200.	77,825,702.	387,869,341.	
8	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.	
9	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.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						415,199,003.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	118,909,251.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)		
	organization, check this box and stop						>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2019 (li	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	93.42 %	
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	94.18 %	
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□	
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd 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 organizat	ion qualifies as a p	ublicly supported	organization		▶□	
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e	
	organization meets the "facts-and-circ	cumstances" test. 7	Γhe organization qι	ualifies as a publicl	y supported orgar	nization	>	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN PUBLIC MEDIA

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

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

Sec	ction A. Public Support	now, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,					,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Public					 	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018		•			16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•			•	•	. \square
00	line 18 is not more than 33 1/3%, chec		•	•		-	
20	Private foundation. If the organization	n did not check a	pox on line 14 19	a or typ check th	us nox and see ins	STRUCTIONS	

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Т.,

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

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

_		Yes	No
	1		
	2		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	Eh		
-	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	10b		
	IUD OU	O E7	

Par	T IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	anization (see
	inches (ations)			

Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 AMERICAN PUBLIC MEDIA	41-0953924	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additing (See instructions.)	1 and 2; Part IV, Section V, Section	n C,

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 for the latest information.

OMB No. 1545-0047

2019

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

Filers of:	Section:
Form 990 or 990-EZ	X 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
• •	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; Z, line 1. Complete Parts I and II.
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the elty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the s exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\t
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), n 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
MINNESOTA PUBLIC RADIO |

AMERICAN PUBLIC MEDIA

Employer identification number

41-0953924

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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	\$\$ 8,748,435.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, add 655, and Zif + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash Complete Part II for noncash contributions.

Name of organization
MINNESOTA PUBLIC RADIO |

AMERICAN PUBLIC MEDIA

Employer identification number

41-0953924

ı artı	(See instructions). Ose duplicate copies of Part	ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or				Employer identification n	umber
	A PUBLIC RADIO			44 0052004	
Part III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following charitable, etc., contributions of \$1,	line entry. For ora	anizations	the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer	of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held	
-	Transferee's name, address, ar	(e) Transfer		ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held	
		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held	
-		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2019

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Tax)) (see separate instru	ıctions), then				
			ons: Complete Part III.		1_	
Nam	ne of organization		UBLIC RADIO		Em	ployer identification number
_	1111 0	AMERICAN PU				41-0953924
Pa	art I-A Comple	te if the org	anization is exempt und	er section 501(c) (or is a section 527 o	rganization.
2	Political campaign ac	ctivity expenditu	ation's direct and indirect politic ures gn activities		>	\$0.
Pa	art I-B Comple	te if the org	anization is exempt unde	er section 501(c)(3).	
1	Enter the amount of	any excise tax i	ncurred by the organization und	er section 4955	>	\$0.
2	Enter the amount of	any excise tax i	ncurred by organization manage			
			1 4955 tax, did it file Form 4720			
	If "Yes." describe in	Part IV.				
Pa	art I-C Comple	te if the org	anization is exempt und	er section 501(c),	except section 501(c)(3).
2 3 4	Enter the amount of exempt function acti Total exempt function line 17b Did the filing organiz Enter the names, add made payments. For contributions receive	the filing organivities n expenditures. ation file Form dresses and emeach organizated that were pro-	by the filing organization for seczation's funds contributed to other and 2. Enter here a seczet for this year? Included the seczet for this year? Included the seczet for the seczet fo	ner organizations for se nd on Form 1120-POL, N) of all section 527 pol d from the filing organiz a separate political orga	ection 527 Initial organizations to whication's funds. Also enter tanization, such as a separa	\$ Yes No ch the filing organization he amount of political
	(a) Name	. ,	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019					953924	Page 2
Part II-A Complete if the org	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction und	er
section 501(h)).						
A Check ► X if the filing organiza	ition belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, E	ΞIN,
expenses, and shar	re of excess lobbying e	expenditures).				
B Check ▶ if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.			
	its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliate tota	
1a Total lobbying expenditures to influ	uence public opinion (ç	grassroots lobbying)				
b Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)		143,221.		
c Total lobbying expenditures (add li	c Total lobbying expenditures (add lines 1a and 1b)					
d Other exempt purpose expenditure				103,943,437.		
e Total exempt purpose expenditure				104,086,658.		
f Lobbying nontaxable amount. Enter				1,000,000.		
If the amount on line 1e, column (a) o		bying nontaxable am				
Not over \$500,000		the amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces	ss over \$1,500,000.			
Over \$17,000,000	\$1,000,0	•				
g Grassroots nontaxable amount (en	 nter 25% of line 1f)			250,000.		
h Subtract line 1g from line 1a. If zer	o ar laga antar O			0.		-
i Subtract line 1f from line 1c. If zero				0.		
j If there is an amount other than ze						
reporting section 4911 tax for this		,			Yes	☐ No
, ,		eraging Period Under				
(Some organizations the	hat made a section 50		nave to complete all o	f the five columns be	low.	
		nditures During 4-Yea				
	Lobbying Exper	luliules During 4-1ea	Averaging Feriod			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) To	otal

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.		
c Total lobbying expenditures	202,689.	168,317.	125,945.	143,221.	640,172.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,221.	1,000,221.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,332.		
f Grassroots lobbying expenditures					000 -:: 000 F7) 0040		

Schedule C (Form 990 or 990-EZ) 2019

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	a)	(b)
or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or sec	tion	
501(c)(6).	11 30 1(0)(<i>o</i> j, oi sec	, tion	
331(3)(3)			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	- 100	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 				
B Did the organization make only in-house lobbying expenditures of \$2,000 or less? Bid the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c)(5), or sec		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)("No" OR	5), or sec (b) Part l		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	n 501(c)("No" OR	5), or sec (b) Part l		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	n 501(c)("No" OR	5), or sec (b) Part l		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	on 501(c)(i "No" OR 	5), or sec (b) Part l		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	n 501(c)(i "No" OR	5), or sec (b) Part I		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	n 501(c)(i "No" OR	5), or sec (b) Part I		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carrotal	n 501(c)(i "No" OR	5), or sec (b) Part I		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Current year Carryover from last year Carryover from last year Carryover from last year Carryover from last year	n 501(c)(i "No" OR	5), or sec (b) Part I		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	n 501(c)(i "No" OR cal	5), or sec (b) Part I		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	en 501(c)(i	5), or sec (b) Part I		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and prespenditure next year?	en 501(c)(i	5), or sec (b) Part I		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and prexpenditure next year?	en 501(c)(i	5), or sec (b) Part I		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	n 501(c)(i "No" OR cal	5), or sec (b) Part I	II-A, line	3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information.	n 501(c)(i "No" OR cal	5), or sec (b) Part I	II-A, line	3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 2 Supplemental Information 2 Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. 4 ART II-B, AFFILIATED GROUP RETURN STATEMENT:	n 501(c)(i "No" OR cal	5), or sec (b) Part I	II-A, line	3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Cart IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, AFFILIATED GROUP RETURN STATEMENT:	n 501(c)(i "No" OR cal	5), or sec (b) Part I	II-A, line	3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 2art IV Supplemental Information 2art IV Supplemental Information 2art II-B, line 1. Also, complete this part for any additional information. ART II-B, AFFILIATED GROUP RETURN STATEMENT: EINNESOTA PUBLIC RADIO INCURRED LOBBYING EXPENSES OF \$143,221 FOR THE	n 501(c)(i "No" OR cal	5), or sec (b) Part I	II-A, line	3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 2 Part IV Supplemental Information 2 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 structions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, AFFILIATED GROUP RETURN STATEMENT: INNESOTA PUBLIC RADIO INCURRED LOBBYING EXPENSES OF \$143, 221 FOR THE ISCAL YEAR 2020 (TAX YEAR 2019) TO ADDRESS REGIONAL AND NATIONAL	n 501(c)(i "No" OR cal	5), or sec (b) Part I	II-A, line	3, is

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.

Inspection

OMB No. 1545-0047

Name of the organization

MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Employer identification number

41-0953924

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the organization	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	e
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
_	> \$		(4)(7)(7)
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's illiancial statemen	its that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d halance sheet works
	of art, historical treasures, or other similar assets held for put	·	
	service, provide in Part XIII the text of the footnote to its finar	· ·	•
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		aee e. pasie eeee,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		J 71
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or (Other S	Similar <i>i</i>	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi							•	ĺ	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange program	า					
b	Scholarly research	е	Other							
С	c Preservation for future generations									
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									
D	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arran		te if the organization	n answered "Y	es" on Fo	orm 990, I	Part IV, li	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•					٦.,		٦
_	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:							
	Description belows					4-		Amoun	it	
C						1c				
a	Additions during the year					1d				
e	Distributions during the year					1e				
f 20	Ending balance Did the organization include an amount on F					1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	·		_ res		
_	rt V Endowment Funds. Complete									
	Complete	(a) Current year	(b) Prior year	(c) Two years) Three yea	ars hack	(e) Fou	r vears	hack
1a	Beginning of year balance	33,284,650.	32,276,142.	28,806,		26,583			, 255,	
b	Contributions	, , ,	, , ,	3,074,			5,348.			000.
c	Net investment earnings, gains, and losses	1,396,286.	2,595,499.				3,761.			532.
d	Grants or scholarships	1,532,304.	1,490,204.	1,261,			3,805.	1	,118,	
e	Other expenditures for facilities					•	,			
	and programs									
f	Administrative expenses	94,869.	96,787.	85,	935.	77	7,805.		64,	417.
g	End of year balance	33,053,763.	33,284,650.	32,276,	142.	28,806	6,626.	26	,583,	127.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	14.67	_%							
b	Permanent endowment 40.73	%								
С	Term endowment ▶44.60	<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	d administered	d for the	organizati	on			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	d on Schedule R?					3b	Х	
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or ot	` '		` '	umulated		(d) Boo	k valu	е
		basis (investm	*	` '	depre	eciation			270	002
_	Land			,379,002.	20	0,564,18	3.8		,379, ,668,	
b	9			,721,641.		2,516,13			,000 <u>,</u> ,179,	
_	Leasehold improvements		<u> </u>	,721,041.		2,283,45			, 173, , 288,	
d	1 1		20	553,798.		-,200,40		20		798.
	Other	*	(column /P) line 1/	· ·		1		72	,069,	
, Jidi	m z ka imes na ameugin ne. (Column (d) must e	uuai FUIIII 990. Pärt X	. column (b), line 10	<i>JC.)</i>			chedule			

Schedule D (Form 990) 2019 AMERICAN PUBLIC 1	MEDIA		41-0953924	Page 3
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				
	6,001,750.	END-OF-YEAR MARKET VALUE	l	
	0,001,730.	END-OF-TEAK MARKET VALUE	ı	
(B) RESTRICTED INVESTMENTS HELD BY	20.050.005			
(C) ENDOWMENT FUNDS	32,959,897.	END-OF-YEAR MARKET VALUE	i	
(D) RESTRICTED INVESTMENTS IN INVESTMENT				
(E) POOL	26,506,279.	END-OF-YEAR MARKET VALUE		
(F)				
(G)				
(H)				
Total. (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
	. ,	,	,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book	√alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>		<u> </u>	
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		
1. (a) Description of liability			(b) Book	/alue
(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)				
(7)				
(8)				
(9)			26	156 904
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		▶ 30,	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

Schedule D (Form 990) 2019

MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA Schedule D (Form 990) 2019 Page 4 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. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 5 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. 1 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c **d** Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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

Schedule D (Form 990) 2019

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

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

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

Schedule D (Form 990) 2019 AMERICAN PUBLIC MEDIA	41-0953924	Page 5
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.		
ESTIMATED TAX BENEFIT THAT AMOUNTED TO \$223,007.		
THE ORGANIZATION HAS ADOPTED CERTAIN PROVISIONS OF ASC TOPIC 740, INCOME		
THE ORGANIZATION HAS ADDITED CERTAIN TROVISIONS OF ABC TOTIC 740, INCOME		
TAXES. THE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME		
TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBE A		
Times Reconstruction of Timescript Companies and Transcript III		
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 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization
MINNESOTA PUBLIC RADIO

Form 990, Part IV, line 14b.

Employer identification number

AMERICAN PUBLIC MEDIA 41-0953924

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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.

3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
(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,	(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
3 a Subtotal	2	3			292,843
b Total from continuation					
sheets to Part I	0	0			0
c Totals (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

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt										
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities										

Page 2

Page 3

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2019

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

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MINNESOTA PUBLIC RADIO

Employer identification number 41-0953924

AMERICAN P	UBLIC MEDIA				41-095392	4
Part I Fundraising Activities	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par	t.					
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e X Solicitating S	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	ollowing activities. Check all Solicitation of non-government graph of Solicitation of government Graph of Solicitation of Solicitation of Government Graph of Solicitation of Solicitation of Government Graph of Governm	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
LKA FUNDRAISING AND		Yes	No			
COMMUNICATIONS - 4800 S	DIRECT MAIL		Х	2,593,943.	187,593.	2,406,350.
ACD DIRECT INC - 1353 NORTH						
1075 WEST SUITE 6,	TELEMARKETING		Х	770,336.	110,648.	659,688.
QCSS INC (DBA ARIA						
COMMUNICATIONS) - 717 WEST	TELEMARKETING		Х	136,757.	121,423.	15,334.
or licensing.					it is exempt from req	gistration
AL,AK,AR,CA,CO,CT,FL,HI,KS,KY,L OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	v'er'mn'mı'mı'nı 'nı 'nı 'nı 'nı 'nı 'nı	H,NI,	NC,N	υ, οπ, οκ		
ON,111,N1,00,111,01,VA,NA,NV,WI						

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I					
		of fundraising event contributions and gro		1		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	COI. (C)
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
D	8	Entertainment				
	9	Other direct expenses	Q in column (d)			
		Net income summary. Subtract line 10 from lin			_	
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac No," explain:		states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	/ear?	Yes No
	_					
	_					

MINNESOTA PUBLIC RADIO

Sch	edule G (Form 990 or 990-EZ) 2019 AMERICAN PUBLIC MEDIA	41-0953924	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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
12	Indicate the percentage of gaming activity conducted in:		
		40-	0/
	The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
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
k	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dort III. linco 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u Fait III, IIIIes 9,	90, 100,
_	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(7 \	NAME OF FUNDRAISER: LKA FUNDRAISING AND COMMUNICATIONS		
(1)	NAME OF FUNDRAISER: ERA FUNDRAISING AND COMMUNICATIONS		-
<u>(I)</u>	ADDRESS OF FUNDRAISER:		
480	0 S MACADAM AVE, SUITE 240, PORTLAND, OR 97239		
	· · · ·		
_			
<u>(I)</u>	NAME OF FUNDRAISER: ACD DIRECT INC		
	ADDRESS OF FUNDRAISER:		
135	3 NORTH 1075 WEST SUITE 6, FARMINGTON, UT 84025		

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 for the latest information.

MINNESOTA PUBLIC RADIO

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization MINNESOTA PUB	BLIC RADIO						Employer identification number
AMERICAN PUBI	IC MEDIA						41-0953924
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	=				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than			1		(f) Method of	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN PUBLIC MEDIA GROUP 480 CEDAR STREET							TO SUPPORT PROGRAM
ST. PAUL, MN 55101	36-3503764	501/C)/3)	1,410,501.	_	N/A	N/A	SERVICES
51. FAUL, MM 55101	30-3303704	501(0)(3)	1,410,301.	0.	N/A	N/A	SERVICES
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in the	e line 1 table			1	1.
3 Enter total number of other organization	•			······			0.
LHA For Paperwork Reduction Act Notice	e, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

Page 2

Schedule I (Form 990) (2019) AMERICAN PUBLIC MEDIA					41-0953924	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncas	sh assistance
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
FINANCIAL REPORTS ARE REVIEWED BY MINNESOTA PUBLIC	RADIO ON A P	PERIODIC				
BASIS TO ENSURE USE OF THE FUNDS ARE IN LINE WITH	THE GRANT PUR	RPOSE.				

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MINNESOTA PUBLIC RADIO |
AMERICAN PUBLIC MEDIA

Employer identification number 41-0953924

Pa	art I Questions Regarding Compensation							
	·		Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	X First-class or charter travel							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees							
	Discretionary spending account 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	1b	х					
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.							
	X Compensation committee Written employment contract							
	X Independent compensation consultant X Compensation survey or study							
	X Form 990 of other organizations X 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:							
а	Receive a severance payment or change-of-control payment?	4a		х				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х				
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х				
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10						
	The state of the s							
	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:							
а	The organization?	5a		х				
	Any related organization?	5b		х				
_	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:							
а	The organization?	6a		х				
	Any related organization?	6b		х				
~	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	7		х				
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	8		х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
-								

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

Schedule J (Form 990) 2019

Regulations section 53.4958-6(c)?

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.

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

Schedule J (Form 990) 2019

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.

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

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.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MINNESOTA PUBLIC RADIO |
AMERICAN PUBLIC MEDIA

Employer identification number 41-0953924

Part I Bond Issues		.	_										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	ie price	(f) Description	on of purpose	(g) De	feased	l, , I		(i) Po finan	
								Yes	No	Yes	No	Yes	No
						SEE PART V,	SUPPLEMENTAL						
A HOUSING AND REDEVELOPMENT AUTHORITY	A HOUSING AND REDEVELOPMENT AUTHORITY 52-1440935 NONEAVAIL		12/01/14	15,5	10,000.				Х		Х		Х
B HOUSING AND REDEVELOPMENT AUTHORITY	52-1440935	792893GC8	12/01/10	9,4	13,881.	SEE PART V, INFO	SUPPLEMENTAL		x		х		х
C													
D													
Part II Proceeds	•	•	•	•				•	•				
				4		В	С		D				
1 Amount of bonds retired	Amount of bonds retired			7,560,000.		4,795,000.							
2 Amount of bonds legally defeased													
3 Total proceeds of issue			15	5,510,000.		9,413,881.							
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				180,000.		168,881.							
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds													
11 Other spent proceeds			15	5,330,000.		9,245,000.							
12 Other unspent proceeds													
13 Year of substantial completion				2014		2011							
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding i													
if issued prior to 2018, a current refunding issu			Х		Х								
15 Were the bonds issued as part of a refunding i													
issued prior to 2018, an advance refunding iss				Х		Х					_		
16 Has the final allocation of proceeds been made			Х		Х						_		
17 Does the organization maintain adequate book													
final allocation of proceeds?			Х		Х								

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

Schedule K (Form 990) 2019

Was the organization a partner in a partnership, or a member of an LLC,	Par	t III Private Business Use			_					
which owned property financed by tax exempt bonds? 2. Are there any lease anangements that may result in private business use of bond-financed property? 33. Are there any management or service contracts that may result in private business use of bond-financed property? 5. 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? 6. Are there any research agreements that may result in private business use of bond-financed property? 7. Are there any research agreements that may result in private business use of bond-financed property? 8. Enter the any research agreements relating to the financed property? 9. Enter the precentage 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 or unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government or section 501(c)(3) organization, or a state or local government organization and the section 501(c)(3) organization, or a state or local government organization organization, another section 501(c)(3) organization, or a state or local government organization organizatio				Α		В	С)
Are there any lease arrangements that may result in private business use of bond-financed property? As Are there any management or service contracts that may result in private business uses of bond-financed property? business use of bond-financed property? c Are there any reasearch agreements that may result in private business uses of bond-financed property? c Are there any research agreement or service contracts relating to the financed property? c Are there any research agreements that may result in private business uses of bond-financed property? d if "Yes" to line 3a, does the organization routinely engage bond coursed or the outside coursed to review any research agreements that may result in private business use of bond-financed property. 4 Enter the percentage of financed property used in a private business use is a result of unrelated trade or business during the financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 50 (16)(3) organization or a state or local government or unrelated trade or business activity carried on by your organization, another sections (16)(3) organization or a state or local government organization and the private security of the bond-financed property to a non-governmental person other than a 5016(3) organization since the bonds were issued? 7 Does the bond issue meet the private security of the bond-financed property to a non-governmental person other than a 5016(3) organization since the bonds were issued? b if "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? A B C D The strip of the financed property soid or disposed of the sissue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? The strip of the financed property soid or disposed of the sissue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? A B C D The strip of t	1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
bonofinanced property? 3a Are there any management or service contracts that may result in private business use of bond-financed property? 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? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements that may result in private business use of bond-financed property? 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? 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. 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. d If "Yes" to line 3c, does the organization routinely engage bond counsel to review any research agreements relating to the financed property. The property of the financed property or a state or local government. D 00 % 00 % 00 % 00 % 00 % 00 % 00 % 0		which owned property financed by tax-exempt bonds?		Х		Х				
3a Are there any management or service contracts that may result in private business use of bond-financed property? business use of bond-financed property? c Are there any research agreements that may result in private business use of bond-financed property? c Are there any research agreements that may result in private business use of bond-financed property? d if "Yes" to line 3d, does the organization routinely engage bond counsel to review any research agreements that may result in private business use of bond-financed property? d if "Yes" to line 3d, 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 S01(c)(3) organization or a state or local government	2	Are there any lease arrangements that may result in private business use of								
3a Are there any management or service contracts that may result in private business use of bond-financed property? 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? 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? d Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(s) organization or a state or local government 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)(s) organization or a state or local government percentage of financed property used in a private business use as a result of unrelated frade or business activity carried on by your organization, another section 501(c)(s) organization or a state or local government percentage of financed property used in a private business use as a result of unrelated frade or business activity carried on by your organization, another section 501(c)(s) organization or a state or local government percentage of the private security or payment test? D Description be a series of the private security or payment test? D D S S D S S S S S S S S S S S S S S		bond-financed property?		Х		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 appreements that may result in private business use of bond-financed property? d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any measurch agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entitles other than a section 501(c)3 organization or a state or local government entitles other than a section 501(c)3 organization or a state or local government when 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 when the percentage of financed property seed 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 when the percentage of business activity or payment test? 5 Enter the percentage of financed property seed on the section 501(c)(3) organization or a state or local government when the percentage of one of the bond issue meet the private security or payment test? 7 Does the bond issue meet the private security or payment test? 8 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? 8 b if "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of which is a second of the secon	За									
b if "Ves" 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? 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 entitles other than a section 501c(i3) organization or a state or local government or unrelated trade or business activity carried on by your organization, another section 501c(i3) organization, or a state or local government seaton solic(i3) organization, or a state or local government seaton solic(i3) organization, or a state or local government seaton solic(i3) organization, or a state or local government seaton solic(i3) organization, or a state or local government seaton seaton solic(i3) organization, or a state or local government seaton seaton seaton seaton of support to a non-governmental person other than a 501(c)(i3) organization since the bonds were issued? b if "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		business use of bond-financed property?		х		х				
c Are there any research agreements that may result in private business use of bond-financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501c(i)3 organization or a state or local government ▶ .00 % .00 % .96 .96 .96 Enter the percentage of financed property used in a private business use by entities other than a section 501c(i)3 organization or a state or local government ▶ .00 % .00 % .96 .96 .96 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 501c(i)3 organization, or a state or local government ▶ .00 % .00 % .96 .96 .96 6 Total of lines 4 and 5 .00 % .00 % .96 .96 .96 B Has the 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? ■ I' Yes'* to line 8a, enter the percentage of bond-financed property sold or disposed of .96 .96 .96 .96 .96 .96 .96 .96 .96 .96	b									
bond-financed property? 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 entitles other than a section 501(c)(3) organization or a state or local government or unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government or unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government or unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government or unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, another section 501(c)(3) organization, or a state or local government or section 501(c)(3) organization, another section 501(c)(3) organization, another section 501(c)(3) organization, another section or section sec		counsel to review any management or service contracts relating to the financed property?								
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 or unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government section 501(c)(3) organization, or a state or local government section 501(c)(3) organization, or a state or local government section 501(c)(3) organization, or a state or local government section 501(c)(3) organization, or a state or local government section 501(c)(3) organization, or a state or local government section 501(c)(3) organization, or a state or local government section 501(c)(3) organization or a state or local government section 501(c)(3) organization or a state or local government section 501(c)(3) organization or a state or local government section 501(c)(3) organization or a state or local government section 501(c)(3) organization or a state or local government section 501(c)(3) organization of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? By If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of section 501(c)(3) organization sections 500(c)(3) organization sections 500(c)(4) organization 50	С	Are there any research agreements that may result in private business use of								
d If "Ves" 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 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 6 Total of lines 4 and 5 7 Does the bond issue meet the private security or payment test? 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? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of "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? Part IV Arbitrage A B C D Yes No Yes No Yes No Yes No Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, idi the following apply? a Rebate not due yet? X X X X		bond-financed property?		Х		Х				
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 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 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 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 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 9 % 6 Total of lines 4 and 5	d									
entities other than a section 501(c)(3) organization or a state or local government 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 % .00 % % .8% 6 Total of lines 4 and 5 .00 % .00 % % .8% 7 Does the bond issue meet the private security or payment test? 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? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of %		counsel to review any research agreements relating to the financed property?								
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 501c(s) organization, or a state or local government 8	4	Enter the percentage of financed property used in a private business use by								
unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government No		entities other than a section 501(c)(3) organization or a state or local government		.00 9	6	.00 %		%		%
section 501(c)(3) organization, or a state or local government 1.00 % .00 % .00 % .96 Total of lines 4 and 5 .00 % .90 % .90 % .90 Tobes the bond issue meet the private security or payment test? 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? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .90 % .	5	Enter the percentage of financed property used in a private business use as a result of								
6 Total of lines 4 and 5		unrelated trade or business activity carried on by your organization, another								
7 Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		section 501(c)(3) organization, or a state or local government		.00 9	6	.00 %		%		%
7 Does the bond issue meet the private security or payment test? 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? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	6	Total of lines 4 and 5		.00 9	6	.00 %		%		%
governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	7			Х		х				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
of		governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		х				
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? Part IV Arbitrage	b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
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? Part IV Arbitrage		of		9	6	%		%		%
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? Part IV Arbitrage	С									
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? Part IV Arbitrage		1.141-12 and 1.145-2?								
Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage	9									
Part IV Arbitrage A B C D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? a Rebate not due yet? b Exception to rebate? X X X X X X X X X X X X X X X X X X X		bonds of the issue are remediated in accordance with the requirements under								
A B C D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes No Yes No Yes No Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? 3 Rebate not due yet? 4 X X X X X X X X X X X X X X X X X X		Regulations sections 1.141-12 and 1.145-2?	Х		Х					
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? 3 Rebate not due yet? 5 Exception to rebate? No Yes No Yes No Yes No X X X	Par	t IV Arbitrage								
Penalty in Lieu of Arbitrage Rebate? X X 2 If "No" to line 1, did the following apply? X X a Rebate not due yet? X X X b Exception to rebate? X X X				A		В	(2)
2 If "No" to line 1, did the following apply? a Rebate not due yet? b Exception to rebate? X X X X	1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
a Rebate not due yet? b Exception to rebate? X X X X		Penalty in Lieu of Arbitrage Rebate?		Х		X				
b Exception to rebate? X X	2	If "No" to line 1, did the following apply?								
b Exception to rebate?	а	Rebate not due yet?	Х			Х				
				Х	Х					
• 110 TODATO MACT		No rebate due?		Х		Х				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was	_									
performed		performed								
3 Is the bond issue a variable rate issue? X	3	Is the bond issue a variable rate issue?		Х		X				

Page 3

Part IV Arbitrage (continued)								
	A		В		С		ı	D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		Х				
7 Has the organization established written procedures to monitor the requirements of								
section 148?	Х		х					
Part V Procedures To Undertake Corrective Action								
		4	Е	3		С	ı	D
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х		х					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					
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.								
			·		·			

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019 Open To Public

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MINNESOTA PUBLIC RADIO

Employer identification number

	MERICAN PUBL								1-095						
Part I Excess Bene	fit Transacti	ons (section 5	01(c)(3), secti	ion 501(c)(4), and sec	ction	501(c)(29) orga	nizatio	ns on	ly).					
Complete if the c	organization ansv	vered "Yes" on I	Form 9	90, Pa	art IV, line 25a or 25b	, or F	orm 990-EZ, Pa	art V, I	ine 40	b.					
1,,,,	(b) F	Relationship bet	ween c	disqual	ified ,						(d)	Corre	cted?		
(a) Name of disqualified p	erson	person and or	rganiza	ation	(0	;) Des	scription of tran	isactic	n		Y	es	No		
2 Enter the amount of tax i	ncurred by the o	rganization man	agers	or disq	qualified persons duri	ng th	ie year under								
section 4958									> \$						
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	sed by	the org	ganization				> \$						
	.,														
Part II Loans to and	l/or From Int	erested Pers	sons.	1											
Complete if the o	organization ansv	vered "Yes" on I	Form 9	990-EZ,	, Part V, line 38a or F	orm	990, Part IV, lin	e 26; (or if th	e orga	nizatio	n			
reported an amo	unt on Form 990	, Part X, line 5, 6								In . A					
(a) Name of	(b) Relationship	(c) Purpose		an to or	(e) Original	(f)	Balance due	(g) In	(h) Ap by bo	proved ard or	(1)	ritten		
interested person	with organization	of loan		zation?	principal amount					defa	ault?	comm	ittee?	agree	ment'?
			То	From				Yes	No	Yes	No	Yes	No		
			<u> </u>												
			<u> </u>												
Total	-:-t D				> \$										
Part III Grants or As		•													
Complete if the c		vered "Yes" on I	Form 9	90, Pa											
(a) Name of interested p	person	(b) Relationship			(c) Amount of assistance		(d) Type assistan			•) Purp assista				
		interested pers the organization		a	assistance		assistari	CE			ماحادم	al IC C			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 AMERICAN PUBLIC MEDIA Part IV Business Transactions Involving Interested Persons.

Com	plete if the organization answei	red "Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	nues?
	TITTUL MUDITA G	TRUGTED NAMEY I VONG	F4 000	DIGITAL MAD	Yes	No
CLOCKWORK ACT: STATION RESOUR		TRUSTEE NANCY LYONS DAVID KANSAS IS CHA	-	DIGITAL WEB PUBLIC RADI		X
STATION RESOUR	CCE GROUP	DAVID RANSAS IS CHA	81,254.	FUBLIC RADI		
						-
						-
Part V Sup	plemental Information.			<u> </u>		
-	•	esponses to questions on Schedule L (see in	nstructions).			
			1011 010110110			
SCH L, PART I	, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
(A) NAME OF PI	ERSON: CLOCKWORK ACTIVI	TY MEDIA SYSTEMS				
(B) DELATIONS	ITD BETWEEN TNTEDECTED	PERSON AND ORGANIZATION:				
(B) KELATIONSI	IIF BEIWEEN INTERESTED	FERSON AND ORGANIZATION:				
TRUSTEE NANCY	LYONS IS OWNER/PARTNER	OF CLOCKWORK ACTIVITY MEDIA SYS	STEMS			
(D) DESCRIPTION	ON OF TRANSACTION: DIGI	TAL WEB BASED DESIGN SUPPORT				
(A) NAME OF D	ERSON: STATION RESOURCE	GROUP				
(11) WINTE OF TH	MOON, BINITON KEDOUKCE	CROOL				
(B) RELATIONS	HIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
DAVID KANSAS	IS CHAIR OF THE BORAD O	F STATION RESOURCE GROUP				
(-)						
(D) DESCRIPTION	ON OF TRANSACTION: PUBL	IC RADIO CONSULTING FOR STRATEGY	AND			
PLANNING.						
I DIMININO.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

MINNESOTA PUBLIC RADIO

AMERICAN PUBLIC MEDIA

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

Employer identification number 41-0953924

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut	•	ato
		applicable		Form 990, Part VIII, line 1g	Horicasii contribut	on amou	115
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 organiza		•				•
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29			0
						Yes	s No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for		1,7
_	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance po				ions?	31 X	+-
32a	Does the organization hire or use third parties o		•			00-	
	contributions?					32a X	
	If "Yes," describe in Part II.			. Constant of the section of the sec			
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	ror which column (a) is chec	скеа,		
	describe in Part II.						

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

SCHEDULE 0

(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 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Employer identification number 41-0953924

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. MPR NEWS PROVIDED THE ENTIRE STATE WITH THE BEST AND THE WORLD. 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	Employer identification number
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	Employer identification number
AMERICAN PUBLIC MEDIA	41-0953924
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 AGGREG AND DEVENUES. AND AGGGE THE CERTIFICATION OF THE NAME OF THE COLUMN OF THE	
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	
TON OOK HODIENCED, OOK INDODIKI IND THE COMMONITIED WE DENVE 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	
PODDED COMMINITATES MDD ODEDAMES A AS SMANTON DADTO NEWWORK SEDVING	
BORDER COMMUNITIES. MPR OPERATES A 45-STATION RADIO NETWORK SERVING	
VIRTUALLY ALL OF THE STATE AND PARTS OF THE SURRONDING 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	
PRODUCED BI MFR, 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	
MILE AMERICANDURI TOMERIA ORG	
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	Employer identification number
AMERICAN PUBLIC MEDIA	41-0953924
FORM 990 DADE UT CECETON A LINE 3.	
FORM 990, PART VI, SECTION A, LINE 3:	
THE ORGANIZATION RELIES ON AMERICAN PUBLIC MEDIA GROUP TO PROVIDE CERTAIN	
MANAGEMENT, FINANCIAL, AND HR SERVICES. AMERICAN PUBLIC 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:	
TORM 370, TAKE VI, BECTION A, BINE 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	
27 IIIIIANAMI OI III DIMMO	
3) MERGER OR CONSOLIDATION WITH ANY OTHER CORPORATION	
4) SALE, LEASE, ENCUMBRANCE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY	
1, sind, hard, aredinated or other protesties of the or population	
ALL OF THE CORPORATION'S PROPERTY	
5) VOLUNTARY DISSOLUTION	
5, VOLONIANI BIBBOLOTION	
FORM 990 DADT UT SECTION R LINE 11R.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED UNDER THE DIRECTION OF THE AUDIT COMMITTEE OF THE	
ODCANIZATION'S DOADD OF TRUISMEES AND IS MADE AWAITABLE TO FACE MEMBER OF	
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
AMERICAN FUBLIC MEDIA	41-0933924
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	
CONPENSATION 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)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public

OMB No. 1545-0047

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

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	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
AMERICAN PUBLIC MEDIA GROUP - 36-3503764							
480 CEDAR STREET	PROVIDE SUPPORT TO EXEMPT						
ST. PAUL, MN 55101	SUBSIDIARIES	MINNESOTA	501(C)(3)	LINE 12B, II	N/A		Х
SOUTHERN CALIFORNIA PUBLIC RADIO -							
95-4765734, 474 SOUTH RAYMOND AVENUE,	NONCOMMERCIAL PUBLIC RADIO				AMERICAN PUBLIC		
PASADENA, CA 91105	BROADCASTING	CALIFORNIA	501(C)(3)	LINE 7	MEDIA GROUP		Х
	_						

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

MINNESOTA PUBLIC RADIO

AMERICAN PUBLIC MEDIA

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Perc ging er?	(k) rcentage vnership
		country)		000000000000000000000000000000000000000			res	NO	111111111111111111111111111111111111111	163	10	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled tity?
CLEARSPRING HOLDINGS, INC 41-1904483		country)	AMERICAN	,				Yes	No
480 CEDAR STREET			PUBLIC MEDIA						
ST. PAUL, MN 55101	MANAGEMENT SERVICES	MN	GROUP	C CORP	0.	0.	.00%		Х
CLEARSPRING ENTERPRISES INC 41-1584257									
480 CEDAR STREET			CLEARSPRING						
ST. PAUL, MN 55101	CONTENT ACQUISITION	MN	HOLDINGS, INC.	C CORP	0.	0.	.00%		Х

Page 3

Yes No

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

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

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?										
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		_		1a		Х			
	Gift, grant, or capital contribution to related organization(s)				1b	Х				
С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
d	Loans or loan guarantees to or for related organization(s)				1d	Х				
	Loans or loan guarantees by related organization(s)				1e	Х				
	, , , , , , , , , , , , , , , , , , , ,									
f	Dividends from related organization(s)				1f		х			
g	Sale of assets to related organization(s)				1g		Х			
h	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х				
o Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
	Reimbursement paid by related organization(s) for expenses				1q	Х				
r	Other transfer of cash or property to related organization(s)				1r		Х			
	Other transfer of cash or property from related organization(s)				1s	Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	is line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
1) ⁽	LEARSPRING HOLDINGS, INC	N	733,487.	FMV						
2)										
3)										
4)										
5)										
					_					
6)										

41-0953924

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
•		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	'
							+			\vdash	+
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							+			\vdash	+

932165 09-10-19 Schedule R (Form 990) 2019

Form 990-T	OMB No. 1545-0047						
		(and proxy tax und					2040
	For ca	lendar year 2019 or other tax year beginning JUL 1, 20		, and ending			ZU 19
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				. ,	Open to Public Inspection for 501(c)(3) Organizations Only
Check box if address changed		Name of organization (Check box if name c MINNESOTA PUBLIC RADIO!	hanged	and see instructions.)	(Em	ployer identification number ployees' trust, see ructions.)
B Exempt under section	Print	AMERICAN PUBLIC MEDIA					41-0953924
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	k, see in	structions.			elated business activity code instructions.)
408(e) 220(e)	Туре	480 CEDAR STREET				```	,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of ST. PAUL, MN 55101	r foreigi	n postal code		5151	.00
Book value of all assets		F Group exemption number (See instructions.)					
at end of year 186,307	510.	G Check organization type ► X 501(c) corp	oration	501(c) tru	st 40°	1(a) trust	Other trust
H Enter the number of the	organiza	ation's unrelated trades or businesses.	2	Descr	ribe the only (or first)	unrelate	d
trade or business here	S	EE STATEMENT 1		If only o	one, complete Parts I	-V. If mor	e than one,
describe the first in the b	lank spa	ace at the end of the previous sentence, complete Pa	rts I and	d II, complete a Sche	dule M for each addit	ional trad	e or
business, then complete							
	-	poration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group	0? STMT 3 ►	Х	'es No
		tifying number of the parent corporation.					
The books are in care of					ephone number		
		de or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or sale							
b Less returns and allow		c Balance	1c				
		e A, line 7)	3				
3 Gross profit. Subtract		rom line 1c ch Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4a 4b				
		sts	4c				
5 Income (loss) from a	nartner	ship or an S corporation (attach statement)	5				
6 Rent income (Schedu		simp of an o corporation (attach statement)	6	202,15	0. 20	04,251.	-2,101.
,	,	me (Schedule E)	7	,			,
		and rents from a controlled organization (Schedule F)	8				
9 Investment income of	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt acti	vity inco	ome (Schedule I)	10				
		e J)	11				
12 Other income (See in	structio	ns; attach schedule)	12				
13 Total. Combine lines	3 throu	ıgh 12	13	202,15	0. 20	04,251.	-2,101.
		ot Taken Elsewhere (See instructions for the directly connected with the unrelated busin			ns.)		
14 Compensation of off	ficers, di	rectors, and trustees (Schedule K)				. 14	
17 Bad debts						. 17	
18 Interest (attach sche	edule) (s	ee instructions)				. 18	
19 Taxes and licenses						. 19	
20 Depreciation (attach	Form 4	562)		20			
		n Schedule A and elsewhere on return				21b	-
22 Depletion						. 22	
		mpensation plans					
		chedule I)					<u> </u>
26 Excess readership c	usts (Sc	hedule J)		ሪድድ ሪጥልጣው	 МЕМТ 2	. 26	2,000.
		nedule)					2,000.
28 Total deductions. A	iuu IINes tavabla :	14 through 27ncome before net operating loss deduction. Subtract	t lina aa			28	-4,101.
		ncome before het operating loss deduction. Subtract loss arising in tax years beginning on or after Janual				79	4,101.
	-	ioss arising in tax years beginning on or after Janua				30	0.
		ncome. Subtract line 30 from line 29				31	+

Part	111 7	Total Unrelated Business Taxa	ble Income						
32	Total of	unrelated business taxable income computed	d from all unrelated trades o	r businesses (s	ee instructio	ons)	. 32		0.
33	Amount	s paid for disallowed fringes					33		
34	Charitab	le contributions (see instructions for limitation	on rules) STMT	4	STMT 5		34		0.
35		related business taxable income before pre-2				ne sum of lines 32 and 33	35		
36	Deduction	on for net operating loss arising in tax years l	beginning before January 1,	2018 (see insti	ructions)		36		
37		unrelated business taxable income before sp							
38		deduction (Generally \$1,000, but see line 38							1,000.
39		ed business taxable income. Subtract line 3							<u>'</u>
		II f I' 07		9	,		39		0.
Part	: IV 7	ax Computation					1 33	1	
40		ations Taxable as Corporations. Multiply lir	ne 39 by 21% (0.21)			•	- 40		0.
41		Example at Trust Rates. See instructions for t							
		x rate schedule or Schedule D (Forn					- 41		
42		x. See instructions					42		
43	Alternati	ive minimum tax (trusts only)							
44	Tayon	Noncompliant Facility Income. See instructi	one				44		
45	Total A	dd lines 42, 43, and 44 to line 40 or 41, whic	havar annliae				45		0.
		Tax and Payments	πονοι αρμποσ				40	J	••
		tax credit (corporations attach Form 1118; tr	uete attach Form 1116)		46a				
		, , , , , , , , , , , , , , , , , , , ,							
C		or prior year minimum tax (attach Form 8801	or 9997)				_		
d							460		
		edits. Add lines 46a through 46d					46e		0.
47	Other to	t line 46e from line 45 xes. Check if from: Form 4255	Form 9611	207 D Form		1 Othor (-411-1-1-1	47		•••
48									0.
49		x. Add lines 47 and 48 (see instructions)							0.
50		t 965 tax liability paid from Form 965-A or Fo							0.
		ts: A 2018 overpayment credited to 2019				2,500	-		
D	20 19 es	timated tax payments			51b		-		
C	Tax uep	osited with Form 8868	(accinetructions)		51c		-		
		organizations: Tax paid or withheld at source					-		
		withholding (see instructions)					-		
		or small employer health insurance premiums			51f		-		
g		edits, adjustments, and payments:		Tatal					
			Other						2 500
	Total pa	lyments. Add lines 51a through 51ged tax penalty (see instructions). Check if For	m 0000 is attached				52		2,500.
53		,					53		
54 55		. If line 52 is less than the total of lines 49, 5				_	54		2,500.
55 56		rment. If line 52 is larger than the total of line e amount of line 55 you want: Credited to 20		Julit Overpalu		Refunded	55 56		2,500.
Part		Statements Regarding Certain		er Informa	tion (see		30		2,300.
57		me during the 2019 calendar year, did the or						Ye	s No
37	,	nancial account (bank, securities, or other) in	•	Ü		•		1.6	3 110
		Form 114, Report of Foreign Bank and Financ		•					
		CHINA	Jiai Accounts. II 165, enter	the name of the	e lureigii cui	unu y		Х	
E0			stribution from ar was it the	arantar of ar	tranafarar ta	a foreign trust0			X
58	_	he tax year, did the organization receive a dis see instructions for other forms the organiza		granion of, or	נומוואופוטו נט	, a foreigh trust?			- 1
59		e amount of tax-exempt interest received or a		\$					
		der penalties of perjury, I declare that I have examined			d statements, a	and to the best of my know	ledge and	belief, it is true,	
Sign	COI	rrect, and complete. Declaration of preparer (other tha	n taxpayer) is based on all informa	ation of which prep	parer has any l	nowledge.			
Here				SENIOR V	7P & CFO		-	S discuss this retu er shown below (se	
		Signature of officer	Date	Title			instruction		No No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PT		,
Dei-			. roparor o orginaturo		24.0	self- employe		··· ·	
Paid		SARAH REICHLING	SARAH REICHLING		02/22/21	J Son Ginployd		01587996	
-	oarer	Firm's name CLIFTONLARSONALLE			,	Firm's EIN		41-0746749	
use	Only	220 S 6TH STRE				Tilliselli			
		Firm's address MINNEAPOLIS, M				Phone no.	612-37	6-4500	
		· · · · · · · · · · · · · · · · · · ·							

923711 01-27-20

Form **990-T** (2019)

Schedule A - Cost of Goods Sold. Enter	r method of inven	itory va	aluation N/A					
1 Inventory at beginning of year 1			Inventory at end of year	r		6		
2 Purchases 2			Cost of goods sold. Su					
3 Cost of labor 3			from line 5. Enter here					
4a Additional section 263A costs			line 2		,	7		
(attach schedule) 4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule) 4b			property produced or a	.cquired	for resale) apply to			
5 Total. Add lines 1 through 4b 5			the organization?					
Schedule C - Rent Income (From Real	Property and	Pers	onal Property L	ease	d With Real Prop	erty)		
(see instructions)								
1. Description of property								
(1) TRANSMITTER TOWER								
(2) STUDIO RENTAL								
(3)								
(4)								
	ed or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` ' of rent for p	personal _l	onal property (if the percentago property exceeds 50% or if and on profit or income)	ge	3(a) Deductions directly columns 2(a) a SEE STATEMEN	and 2(b) (ted with the income in attach schedule)	1
(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). En here and on page 1, Part I, line 6, column (A)	nter		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	instruc						
	·		Gross income from		3. Deductions directly cor to debt-finan			
1. Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)						+		
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-fina	e adjusted basis allocable to anced property th schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)		1	%					
(2)			%					
(3)			%					
(4)			%					
			,,		nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column (
Totals					(0.
Total dividends-received deductions included in colum						—		0.

Form **990-T** (2019)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Set activity Income, Income (attach schedule) (see instructions) 5. Conse income (attach schedule) (attach schedule) (b) (c) (d) 7. Excess exempt Income (attach schedule) (attach schedule) (b) (c) (d) (d) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (f) (f) (e) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Schedule F - Interest,	- iniuities	, Hoyan	, all		Controlled O				, (see ins	ar uctions	P)
Continue Controlled Organizations Controll	1. Name of controlled organiza	tion	identifi	cation			4. Tot payr	al of specified nents made	includ	ed in the contr	olling	connected with income
Nonexempt Controlled Organizations	(1)											
Monexempt Controlled Organizations	(2)											
Total Protection Protecti												
7. Taxable income 8. Net surretunate income (coar) (see instructions) 9. Total of separation (single payments) 10. Per lot observe the separation of the coordinary operation (see instructions) 12. (3) (4) Autocolumn 5 and 10. Enter here and on page 1. Part., lime 8. column (%). Schedule G - Investment Income of a Section 501(o)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Description of income 4. Service and on page 1. Part., lime 8. column (%). (3) (4) Schedule I - Exploited Exempt Activity Income, Other Than Advanced (and spread of page 1. Part.). Income (special column 50). Schedule I - Exploited Exempt Activity Income, Other Than Advanced (and special column 50). 1. Description of income (special column 50). 2. Amount of income (special column 50). Schedule I - Exploited Exempt Activity Income, Other Than Advanced (and special column 50). 1. Description of income (special column 50). 2. Amount of income (special column 50). 3. Exponence of unveited planeture of income (special column 50). 4. Net income global (special column 50). 5. Column 50. Schedule (special column 50). (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9												
(1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9												
(4) Add columns 3 and 10. Enter here and on page 1, Part I, line 8, column (A). Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (A). (2) (3) (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of income 2. Gross unrelated paperss trade or business fraction or business fraction or business income 1. Description of more income 2. Gross unrelated paperss trade or business fraction or business income (see instructions) 4. Anteriorance basis of production or business income (i) (i) (i) (ii) (iii) (7. Taxable Income				9. Total		nents	in the controlli	ng organ	ization's	11. Dec with	ductions directly connected income in column 10
Add columns 8 and 10. Enter here and on page 1, Part 1, line 8, column (8)	(1)											
Add columns 5 and 13. Enter here and or page 1, Part I, time 6, column (3). 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 2. Amount of income 3. Description of income (it) (2) (3) (4) Enter here and on page 1, Part I, time 8, column (8). Totals D	(2)											
Totals Add columns and 10. Earlier here and on page 1, Part I, line 8, column (A).	(3)											
Totals Part I, line 8, column (A). 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, Description of income 2, Amount of income 3, Description of income 4, Set-aaldes (datach schedule) (datach sch	(4)											
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (pattach schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) from unestied hazaness income from tynde or business income from tynde or business income (4) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A). Totals 5. Cross income activity line or column (A). Total scale or business income (4) (4) (5) (6) (7) (7) (8) (9), or (17) Organization (all extendule) (all extendule) (all extendule) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9								Enter here and	on page	1, Part I,	Enter he	ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Description of income of a Section schedule (article schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (h),	Totals						>			0.		0.
1. Description of income 2. Amount of income 3. Description of directly connected connecte	Schedule G - Investme	ent Incon	ne of a S	Section	501(c)(7	7), (9), or (17) Org	ganization				
(1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited dualiness income from with production of unrelated business income from with production of unrelated business income from with production of unrelated business income from page 1, Part I, line 10, col. (A). (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 10, col. (A). Enter here and on page 1, Part I, line 10, col. (B). (B) Enter here and on page 1, Part I, line 10, col. (B). (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	·	· · ·	me			2. Amount of	income	directly conne	cted			and set-asides
(2) (3) (4) Enter here and on page 1. Part I, line 9, column (A). Totals Discription of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited business income from trade or business income from trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (B). 3. Expenses directly connected with production with production or exploited activity (4) Enter here and on page 1. Part I, line 9, column (B). 5. Grees income for minus column 5. To column 5. To column 6. 6. Expenses attributable to column 6.	(1)							(,			(22.1.2 p.2.2 22.1. 1)
(3) (4) Enter here and on page 1, Part I, line 9, column (A). Totals Consider or business income is exploited activity (3) (4) Enter here and on page 1, Part I, line 9, column (A). Totals Consider or business income is exploited activity (4) Enter here and on page 1, Part I, line 9, column (B). Totals Consider or business income is exploited activity (4) Enter here and on page 1, Part I, line 9, column (B). (5) (6) (7) Enter here and on page 1, Part I, line 10, col. (B). (6) Column 5 Column 5 Column 6 Column 7 Column 6 Column 6												
Enter here and on page 1, Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B). Part I, line												
Part I, line 9, column (A). Part I, line 9, column (A). Part I, line 9, column (B). Part												
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity in income from activity and is unclaimed business income from activity that is not urrelated business income from activity that is not urrelate												Enter here and on page 1, Part I, line 9, column (B).
(see instructions) 1. Description of exploited activity 2. Gross urrelated business income from trade or business income from urrelated dusiness income from trade or business income from activity that is not urrelated business income from page 1, Part I, line 10, col. (A). (4) Enter here and on page 1, Part I, line 10, col. (A). 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0					>	L	-					0.
1. Description of exploited activity understand business income from trade or business science with production of exploited activity actions and trade or business income from trade to bu	_	_	Activity	Incom	e, Other	Than Adv	ertisin	g Income				
(2) (3) (4) Enter here and on page 1, Part I, line 10, col. (A). Totals D O O O O Enter here and on page 1, Part I, line 10, col. (B). Totals D O		unrelated income	business e from	directly with pr of un	connected oduction related	from unrelated business (co minus colum gain, comput	I trade or Ilumn 2 n 3). If a e cols. 5	from activity t is not unrelat	hat ed	attributa	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col. (A). Totals D O O O O Enter here and on page 1, Part I, line 10, col. (B). Totals D O	(1)											
(3) (4) Enter here and on page 1, Part I, line 10, col. (A). Totals O. Chedule J - Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income												
(4) Enter here and on page 1, Part I, line 10, col. (A). Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 3. Direct advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4) Totals (carry to Part II, line (5)) ▶ O. O. Enter here and on page 1, Part I, line 25. O. O. O. O. O. O. O. O. O.												
page 1, Part I, line 10, col. (A). Totals Do. O. O. 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 gain or (loss) (col. 2 minus cols. 5 through 7. (1) (2) (3) (4) Totals (carry to Part II, line (5)) > Days 1, Part I, line 10, col. (B). O. O. O. O. O. O. O. O. O.												
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income income advertising costs of advertising costs advertising costs of advert		page 1,	, Part I, col. (A).	page	1, Part I, , col. (B).							on page 1, Part II, line 25.
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs (1) (2) (3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 5. Circulation income 6. Readership costs column 6 minus column 4).		na Incon	1	aatw.catic	-							0.
1. Name of periodical 2. Gross advertising advertising costs advertising costs advertising costs advertising costs 3. Direct advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4) Totals (carry to Part II, line (5)) 3. Direct advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 5. Circulation income costs or costs (column 6 minus column 4).						solidated	Basis					
(2) (3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0.	1. Name of periodical		advertising	adv		or (loss) (c col. 3). If a g	ol. 2 minus ain, comput					costs (column 6 minus column 5, but not more
(3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0.												
(4) Totals (carry to Part II, line (5)) ▶ 0. 0.												
Totals (carry to Part II, line (5)) ► 0. 0.												
	(4)											
	Tatala (corrects Double Pro- /5)				,							•
Laura MMILE I (O)191	TOTALS (CALLY TO PART II, IINE (5))	>		٠.		··						Form 990-T (2019

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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)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form **990-T** (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

THE ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY IS RENTAL ACTIVITY.

TO FORM 990-T, PAGE 1

FORM 990-T		ОТН	ER DEDUC	TIONS		STATEMENT	2
DESCRIPTION						AMOUNT	
TAX PREPARATION	N FEES					2	2,000.
TOTAL TO FORM	990-т,	PAGE 1, LINE 2	7				2,000.
FORM 990-T	PARENT	CORPORATION'S	NAME AND	IDENTIFYING	NUMBER	STATEMENT	3
CORPORATION'S 1	NAME					IDENTIFYING	NO
AMERICAN PUBLIC	C MEDIA	GROUP				36-3503764	

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
AMERICAN PUBLIC MEDIA GROUP	N/A	1,410,501.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	1,410,501.

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 FOR TAX YEAR 2016 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2017 FOR TAX YEAR 2018 1,443,701		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	5,968,320 1,410,501	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	7,378,821	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	7,378,821 0 7,378,821	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

FORM 990-T	DEDUCTIONS	CONNECTED	WITI	H RENTAL	INCOME	STATEMENT 6
DESCRIPTION			Ž	ACTIVITY NUMBER	AMOUNT	TOTAL
TOWER RENTAL EXP			-		151,571.	
OVERHEAD ALLOCAT STUDIO RENTAL EX		- SUBTOTA	L –	1	31,160. 15,737.	182,731.
OVERHEAD ALLOCAT	ION	- SUBTOTA	L –	2	5,783.	21,520.
TOTAL TO FORM 99	00-т, schedui	LE C, COLUI	MIN 3			204,251.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an

Unrelated Trade or Business

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

OMB No. 1545-0047

ENTITY

► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only MINNESOTA PUBLIC RADIO Name of the organization **Employer identification number** AMERICAN PUBLIC MEDIA 41-0953924 Unrelated Business Activity Code (see instructions) ► ADVERTISING Describe the unrelated trade or business **Unrelated Trade or Business Income** (B) Expenses (C) Net (A) Income 1a Gross receipts or sales **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 3,389,032. 858,184 2,530,848. Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 3,389,032. 858,184. 2,530,848. 13 Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

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

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

41-0953924

Page 4

1

Schedule F - Interest, A		<u>, , , , , , , , , , , , , , , , , , , </u>		1	Controlled O				(222	structions	-,
Name of controlled organizati				Net unrelated income (loss) (see instructions) 4. Total payrelated income payr		ments made includ		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income		inrelated incom see instructions		9. Total	of specified pays made	ments	10. Part of colur in the controlli gross	mn 9 tha ing orgar s income	t is included nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
Totals									e 1, Part I,	Enter he	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Schedule G - Investmer (see instr	nt Incor	ne of a S	Section	501(c)(7	7), (9), or (17) Org	janization				
1. Descr	ription of inco	me			2. Amount of	income	3. Deduction directly connect (attach scheduction)	cted	4. Set-	-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
Totals Schedule I - Exploited I (see instru	Exempt	Activity	Income	 e, Other	Enter here and Part I, line 9, co	olumn (A).	g Income				Enter here and on page 1 Part I, line 9, column (B).
(SCC IIISTIC	0110113)				A National	(1)			Ι		
1. Description of exploited activity	unrelated incom	Gross business e from business	directly of with pro-	penses connected oduction related s income	4. Net incon from unrelated business (cominus colum gain, comput through	d trade or olumn 2 n 3). If a e cols. 5	5. Gross incofrom activity to is not unrelated business inco	hat ed	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) PROGRAMMING	3,3	89,032.	8	358,184.	2,53	0,848.	55,268,	000.	95,1	16,000	2,530,848.
(2) (3) (4)											
(3)											
(4)											
	page 1	re and on , Part I, col. (A).	page 1	re and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.
Totals		889,032.		358,184.							2,530,848.
Schedule J - Advertisir											
Part I Income From F	Periodic	als Repo	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
Totals (carry to Part II line (5))											

Form **990-T** (2019)

FORM 990-T (M) SCHEDULE I - EXPRODUCTION OF	STATEMENT 7			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT UNDERWRITING COSTS			858,184.	
- 8	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

Name

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.

To be do to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA 41-0953924 Part I Apportionment Plan Information 1 Type of controlled group: a Parent-subsidiary group Brother-sister group c X Combined group **d** Life insurance companies only 2 This corporation has been a member of this group: **a** X For the entire year. 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 ___ 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 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 Elected by the component members of the group. 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). No apportionment plan is in effect and none is being adopted. An apportionment plan is already in effect. It was adopted for the tax year ending 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. (i) The statute of limitations for this year will expire on , this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until **b** X No. The members may not adopt or amend an apportionment plan. If the corporation has a short tax year that does not include December 31, check the box. See instructions. For Paperwork Reduction Act Notice, see Instructions for Form 1120. Schedule O (Form 1120) (Rev. 12-2018)

913335 04-01-19 LHA

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

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

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Form 990-PF

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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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. 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) MINNESOTA PUBLIC RADIO print AMERICAN PUBLIC MEDIA 41-0953924 Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 480 CEDAR STREET return. See instructions 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) **Application** Return **Application** Return Is For Code Is For 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

04

Form 5227

Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				1	1		
Form	990-T (trust other than above)	06	Form 8870				1	2		
	DOUG RODERICK									
• Th	ne books are in the care of $ ightharpoonup$ 480 CEDAR STREET - ST.	PAUL,	MN 55101							
Te	elephone No. (651)290-1446		Fax No.							
	the organization does not have an office or place of business	in the Un	ited States, check this box				> 🗆			
	this is for a Group Return, enter the organization's four digit G							this		
box										
1	I request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization calendar year or X tax year beginning JUL _1, _2019 If the tax year entered in line 1 is for less than 12 months, change in accounting period	nization's	return for:		e exem		zation return for			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, any nonrefundable credits. See instructions.	or 6069,	enter the tentative tax, less		3a	\$		0.		
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		Ja	Ψ				
b	estimated tax payments made. Include any prior year overpa	•			3b	\$		0.		
_	Balance due. Subtract line 3b from line 3a. Include your par				30	Ψ				
C	using EFTPS (Electronic Federal Tax Payment System). See	•			3с	6		0.		
Caus				Form 9/52		d Form 00	70 EO for pour			
vaut	aution: 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									

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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.

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

•	ations required to file an income tax return other than Fo		, , , , , , , , , , , , , , , , , , , ,	s, REMICs, and trusts					
Type or print	Name of exempt organization or other filer, see instruction MINNESOTA PUBLIC RADIO	ctions.		Taxpayer identification number (TIN					
File by the	AMERICAN PUBLIC MEDIA	41-0953924							
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 480 CEDAR STREET								
instructions.	City, town or post office, state, and ZIP code. For a fo ST. PAUL, MN 55101		· 						
Enter the F	Return Code for the return that this application is for (file	a separat	te application for each return)		0 7				
Applicatio	'n	Return	Application		Return				
ls For		Code	Is For		Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		07				
Form 990-l	BL	02	Form 1041-A		08				
Form 4720) (individual)	03	Form 4720 (other than individual)		09				
Form 990-l	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						
	DOUG RODERICK								
	oks are in the care of \blacktriangleright 480 CEDAR STREET - ST.	PAUL,	MN 55101						
Telepho	one No. ► (651)290-1446		Fax No.						
	rganization does not have an office or place of business								
If this is	s for a Group Return, enter the organization's four digit C								
box 🕨 📘	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all members the extension is t	or.				
1 req	uest an automatic 6-month extension of time until	MAY 1	7, 2021 , to file	e the exempt organization retu	rn for				
	organization named above. The extension is for the orga								
►□	calendar year or								
		, an	d 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									

using EFTPS (Electronic Federal Tax Payment System). See instructions. **3c** \$ 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form **8868** (Rev. 1-2020)

2,500.

any nonrefundable credits. See instructions.

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