NPR FOUNDATION 2016 FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN PUBLIC INSPECTION COPY FISCAL YEAR ENDED 09/30/2017

Form 990-T	E	cempt Organization	Bus	siness Income	Tax Retui	rn	OMB No. 1545-0587	
FORM OUT		dilid proxy tax ndar year 2016 or other tax year begin	. um	der section 6033(e), 09/30 s	17	୬ ୬ 1 ६	
		ndar year 2016 or other tax year begin formation about Form 990-T and					<u> </u>	
Department of the Treasury Internal Revenue Service		not enter SSN numbers on this form a					Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if	, ,			me changed and see instruction		D Emple	oyer identification number	
address changed						(Emplo	oyees' trust, see instructions.)	
B Exempt under section	1	NPR FOUNDATION						
X 501(C)(3)	Print	Number, street, and room or suite no. I	í a P.O	box, see instructions.			795789	
408(e) 220(e)	or Type						ated business activity code istructions.)	:5
408A 530(a)		1111 NORTH CAPITOL	STR	EET, NE		(000.	,	
529(a)		City or town, state or province, country		ZIP or foreign postal code			• •	
C Book value of all assets at end of year		WASHINGTON, DC 2000	2			5230	00	
		up exemption number (See instructi			1	1		
342,180,368.	G Che	ck organization type 🕨 X 501	(c) co	rporation 501(c)		401(a)	trust Other tru	st
H Describe the organized	zation's p	rimary unrelated business activity.	► TN	VESTMENTS IN PAR	TNERSHIPS		► Yes X	Vo
		corporation a subsidiary in an affili			controlled group?		· · F [res [A]	40
		identifying number of the parent cor			e number > 20	2-513	-2000	—
		IPR, INC. DEBORAH A.	CONZ	(A) Income	(B) Expen		(C) Net	
		or Business Income		(A) income	(D) Expen	303	(0) 1132	
1a Gross receipts or		c Balance ▶	1c					
b Less returns and allowa			2		\bigcirc			_
•	•	ule A, line 7)	3					
'		2 from line 1c , , , , , , ,	4a	129,782.			129,78	2.
		ttach Schedule D)	4b					
		rusts , , , ,	4c					
		os and S corporations (attach statement)	5	52,732.	ATCH 1		52,73	2.
			6					
•	-	come (Schedule E)	7					
		ils from controlled organizations (Schedule F)	8					
		1(c)(7), (9), or (17) organization (Schedule G)	9					
		ncome (Schedule I)	9					
•	-	ule J)	11					
12 Other income (Se	e instruc	tions; attach schedule)	12				100 51	
13 Total. Combine li	nes 3 thr	ough 12	13	182,514.			182,51	4.
Part II Deduction	ns Not	Taken Elsewhere (See instr	uctio	ons for limitations on d	eductions.) (E	except t	or contributions,	
deduction	s must	be directly connected with t	ne ur	nrelated business inco	me.)			
		directors, and trustees (Schedule K)						—
								—
17 Bad debts				,		17		—
							43	8.
19 Taxes and license	s	, , , , , , , , , , , , , , , , , , ,	 አጥጥ			20	1,37	Ō.
20 Charitable contrib	outions (S	See instructions for limitation rules)	<i>[</i> 7,1,1,	124		20		—
21 Depreciation (atta	ich Form	4562)	e e e	222		22b		
		on Schedule Aland elsewhere on re						
		compensation plans						
26 Evance avamples	programa Nancac /	Schedule I)				26		
		chedule J)						_
28 Other deductions	attach e	chedule)		ATTACHM	ent.3		168,38	_
29 Total deductions	Add line	s 14 through 28	- • •			29	170,18	
30 Unrelated busine	ss fayah	le income before net operating	loss	deduction. Subtract line	29 from line 1	3 30	12,32	_
31 Net operating los	s deducti	on (limited to the amount on line 30)	, , , , , , , , , , , , , , , ,		. 31	12,32	6.
		income before specific deduction						
33 Specific deduction	n (Gener	ally \$1,000, but see line 33 instruct	tions f	or exceptions)		33		
34 Unrelated busine	ess taxa	ble income. Subtract line 33 fro	om lir	ne 32. If line 33 is grea	ter than line 3:	2,		^
						د م ا	1	O.

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Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice :	CP211A
Tax period	September 30, 2017
Notice date	November 13, 2017
Employer ID number	52-1795789
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555

Page 1 of 1

Important information about your September 30, 2017 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your September 30, 2017 Form 990T.

Your new due date is August 15, 2018.

What you need to do

File your September 30, 2017 Form 990T by August 15, 2018.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

Visit www.irs.gov/cp211a

• For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form	990-T (2016)			Pa	ige 2
Pa	rt III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group				
	members (sections 1561 and 1563) check here ▶ See instructions and:				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	4			
	(2) Additional 3% tax (not more than \$100,000)	4			
С	Income tax on the amount on line 34	35c			
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041),				
37	Proxy tax. See instructions	. 37			
38	Alternative minimum tax	38			
39	Tax on Non-Compliant Facility Income. See instructions				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40			
Pai	t IV Tax and Payments				
41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	-			
b	Other credits (see instructions)	4			
С	General business credit. Attach Form 3800 (see instructions)	_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	4., 1			
e	Total credits, Add lines 41a through 41d ,	41e			
42	Subtract line 41e from line 40	42			
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (altach schedule) .	43			0.
44	Total tax. Add lines 42 and 43	44			_ ``
45 a	Payments: A 2015 overpayment credited to 2016	-			
b	2016 estimated tax payments	-			
С	Tax deposited with Form 8868	-			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	-			
е		-			
f	Credit for small employer health insurance premiums (Attach Form 8941)	-			
g	Other credits and payments: Form 2439				
	Form 4136 Other Total ▶ 45g	46			
46	Total payments. Add lines 45a through 45g	47			
47	Estimated tax penalty (see instructions). Check If Form 2220 is attached	'			
48	Tax due. If line 46 is less than the total of lines 44 and 47 enter amount owed	49			
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid				_
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax		 -		
Par	Statements Regarding Certain Activities and Other Information (see instruction	r other aut	hority	Yes	No
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature of the control of the contr	av have to	o file		
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization or FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign co	ountry	j	
		. or org			Х
	here	aion tauet?	-		Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ngir iruser i	, , , , ,		
	If YES, see instructions for other forms the organization may have to file.				
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my kn	lowledge an	nd belie	f, it Is
۵.	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which proparer than any another proparer to the same true.				
Sign	M LOA . L. C. L. 1 8/8/2018 TDERCIDED	ay the IRS	discuss i	inis re wn bi	elow
Her	e DEBORAL A. COMAR.	ee instructions)?			No
	Signature of officer		PTIN		
Paic	· 1 · · · · · · · · · · · · · · · · · ·	ck L if employed	P0039	782	9
	Darer - mann c myon	's EIN ▶52-			
	Cala Finits raine	ne no. 202	229322	00	
-	Only Firm's address ➤ 2021 L ST NW, WASHINGTON, DC 20036 Pho			O T /	

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Form 990-T (2016)

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Page	٠

Form 990-T (2016)								F	Page 3
Schedule A - Cost of G	oods Sold. Ei	nter method	d of inventory valuation	>		,			
1 Inventory at beginning of y	year 1		6 Inventory	at end of yea	ar	6			
2 Purchases	2		7 Cost of	goods so	ld. Subtract line				
3 Cost of labor	1-1		6 from	line 5. En	ter here and in				
4a Additional section 263A co			Part I, lin	e 2		7			
(attach schedule)	1 1				section 263A (wi	ith re	spect to	Yes	No
b Other costs (attach schedu	— ; — —		property	produced	or acquired for	resale	apply		
5 Total. Add lines 1 through		****							Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Property	/ Leased V	Vith Real Proper	ty)			
(see instructions)		, ,	•		•	• -			

Description of property									
(1)									
(2)									
(3)	· · · · · · · · · · · · · · · · · · ·								
(4)				***************************************					
(4)	2. Rent recei	ved or accrue	ed		_1				
		7	rom real and personal property	. (if the	3(a) Deductions dir	ectly cou	nected with I	he inco	ıme
(a) From personal property (if the for personal property is more the			ront real and personal property age of rent for personal propert		in columns 2(a				
more than 50%)		50% ог	if the rent is based on profit o	r income)					
743					\sim				
(1)			THE CHARLES THE CONTRACT OF TH		lue				
(2)									**
(3)									
(4)		l		(()			.,,,		
Total		Total			(b) Total deduction				
(c) Total Income. Add totals of co					Enter here and on Part I, line 6, colum				
here and on page 1, Part I, line 6					Fait i, line 0, Coloni	iii (O) P			
Schedule E - Unrelated De	ebt-rinanced i	ncome (se		3. [eductions directly con	nected w	ith or allocable	e to	
			Gross income from or allocable to debt-financed		debt-finance	d proper	ty		
1. Description of deb	t-imanced property		btobetty		t line depreciation	(b) Other deductions (attach schedule)			
			 	(atta	ch schedule)		attacii scried	010)	
(1)								·	
(2)									
(3)		-(-)							
(4)									
4. Amount of average acquisition debt on or	Average adju- of or alloca		6. Column	7 Gross i	ncome reportable		llocable ded		
allocable to debt-financed	debt-financed	property	4 divided by column 5		2 x column 6)	(colun	n 6 x total of 3(a) and 3(b		лѕ
property (attach schedule)	(attach sche	dule)					-(-/		
(1)	\sim		%						
(2)			%						
(3)	_		%			·····			
(4)			%						
				Enter here		Enter h	nere and o line 7, col	n pagi	e 1, B)
				Part I, inte	7, column (A).	ran I,	mue 7, com	utitt (i	.رد
Totals									
Total dividends-received deduct	ions included in co	olumn 8	<u> </u>	<u></u>	<u> ▶</u>				
							Form 99	10-T ((2016)

Page 4

Schedule F - Interest, Ann	uities, Royaltie						ions (se	e instruction	ons)	
		Ľ	Exempt (Controlled Or	ganızatı	ons				1
Name of controlled organization	2. Employer identification num	ber		related income e instructions)		of specifie ents made	included	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 Organi	zations									
7. Taxable Income	8. Net unrelated (loss) (see instru		9	. Total of specific payments made		includ	art of column led in the co zation's gros	ontrolling	dor cor	Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals	· · · · · · · · · · · · · · · · · · ·				<u></u> ≻	Enter Part	columns 5 a here and on f, line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, irt I, line 8, column (8).
Schedule G - Investment in	come of a Sec	ction 5	<u> </u>	3, (9), Or (17		nizatioi			T	5. Total deductions
1. Description of income	2. Amount o	f income		directly cor (attach sch	nected	,		et-asides schedule)		and set-asides (col. 3 plus col. 4)
(1)						67				<u></u>
(2)					(
(3)										
(4)										<u> </u>
Totals ► Schedule I - Exploited Exe	Enter here and Part I, line 9, c	column (A)),	han Adverti	sing In	come (see instru	ıctions)		Enter here and on page 1 Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. E di conne prod un	expenses irectly ected with luction of irelated ess income	4. Net incom from unrelat or business 2 minus col If a gain, co cols. 5 thro	ne (loss) ed trade (column umn 3). ompute	5. Gros from ac is not	s income divity that unrelated is income	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)	0		L				1200	<u> </u>		
(3)		7								
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and on 1, Part I, 0, col. (B).					.1.		Enter here and on page 1, Part II, line 26.
Totals ▶	L									
Schedule J - Advertising In										
Part I Income From Per	iodicals Report	ed on	a Consc	lidated Bas	is			γ		
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advert gain or (los 2 minus co a gain, cor cols. 5 thro	s) (col. I. 3). If npute		culation ome	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				·						
(2)										7
				-						-
(3)				-						_
(4)								 		
Totals (carry to Part II, line (5))										Form 990-T (2016

** ** * * * *

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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.) 7. Excess readership 4. Advertising costs (column 6 gain or (loss) (col. 2. Gross 5. Circulation 6. Readership 3. Direct minus column 5, but 2 minus cal. 3), If 1. Name of periodical advertising costs advertising costs income not more than a gain, compute income column 4). cols. 5 through 7. (1)(2)(3) (4)Totals from Part I. Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 27. line 11, col (B). line 11, col (A). Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4. Compensation attributable to time devoted to business 2. Title 1. Name unrelated business (1) (2)PUBLICIAN (3) (4)

Form 990-T (2016)

Total. Enter here and on page 1, Part II, line 14

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Form 990-T, Part I, Line 5 FYE 09/30/2017

Income / (loss) from participation as a limited partner in investment funds that reported taxable activity via K-1s.

	FEDERAL
Total Ordinary Income (Loss) from Limited Partnerships	52,732

PUBLIC INSPECTION COPY

EIN: 52-1795789 NPR FOUNDATION

Form 990-T, Part I, Line 20 FYE 09/30/2017

Charitable Contributions Carryforward

Fiscal Year Ended	Charitable Contributions Made	Charitable Contributions Used	Carryforward (5 years) available for next year	Period Charitable Contributions used/ expired
		A Milliand American	4	
9/30/2012	19,223,400	(1,370)	19,222,030	9/30/2017
9/30/2013	24,022,093	-	43,244,123	N/A
9/30/2014	27,912,379	-	71,156,502	N/A
9/30/2015	25,050,317	4	96,206,819	N/A
9/30/2016	19,224,128	- (115,430,947	N/A
9/30/2017	17,503,821	<i>X</i> \	132,934,768	N/A
Carryforward to FYE	09/30/2018	SPL	132,934,768	

ATTACHMENT 2

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

V 16-7.17 02

Form 990-T, Part I, Line 28 FYE 09/30/2017

Other Deductions

Tax Preparation Fees	4,987
Investment Management Fees	163,393
Total Other Deductions	168,380
	OX.
	10.
SX	

Form 990-T, Part I, Line 19

FYE 09/30/2017

Taxes and Licenses

Arizona	50
District of Columbia	250
	138
Foreign Taxes	1
Total Taxes Paid	438
	CON
	Ç,
SPV	
BL	

Form 990-T, Part I, Line 31 FYE 09/30/2017

Net Operating Loss Carryforward

Fiscal Year Ended	Income (Loss)	Net Operating Loss Used	NOL Carryforward available for next year
9/30/2008	(68,859)	-	(68,859)
9/30/2009	17,847	17,847	(51,012)
9/30/2010	(40,648)	-	(91,660)
9/30/2011	(261,957)	•	(353,617)
9/30/2012	(188,955)	- ~	(542,572)
9/30/2013	(339,737)	7.10	(882,309)
9/30/2014	73,698	73,698	(808,611)
9/30/2015	381,109	381,109	(427,502)
9/30/2016	(160,928)	.0 ~	(588,430)
9/30/2017	12,326	12,326	(576,104)

Carryforward to FYE 09/30/2018 (576,104)

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

омв но. 1545-0123 20**16**

NER FOUNDATION

Employer Identification number

NPR	FOUNDATION					32-1/93/09
Pari	Short-Term Capital Gains and Losses	s - Assets Held O	ne Year or Less			T
	See Instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments or loss from Form		(h) Gain or (loss) Subtract column (e) from
	the lines below. This form may be easier to complete if you round off cents to	Proceeds	Cost	8949, Part I, line		column (d) and combine
	whole dollars.	(sales price)	(or other basis)	column (g)		the result with column (g)
1 a	Totals for all short-term transactions reported on Form					
	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,			İ		
	if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	Totals for all transactions reported on Form(s) 8949					
	with Box A checked					
	Totals for all transactions reported on Form(s) 8949					
_	with Box B checked					
3	Totals for all transactions reported on Form(s) 8949			_1		
3	with Box C checked		1,906.		•	-1,906.
	wall box o cliecked				T	
			17		4	
4	Short-term capital gain from installment sales from i	Form 6252, line 26 or 3	³⁷		4	
					_	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824		· · · · · · · ·	5	
						,
6	Unused capital loss carryover (attach computation)				6	,
7	Net short-term capital gain or (loss). Combine lines	ia through 6 in column	h		7	-1,906.
Part		- Assets Held Me	ore Than One Yea	r		
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments i		(h) Gain or (loss)
	the lines below.	Proceeds	Cost	or loss from Form 8949, Part II, line		Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	column (g)	,	the result with column (g)
8a	whole dollars. Totals for all long-term transactions reported on Form	(6)		1 191		
-	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,					
	if you choose to report all these transactions on Form 8949.					
	leave this line blank and go to line 8b					- No
86	Totals for all transactions reported on Form(s) 8949)				
	with Box D checked					
9	Totals for all transactions reported on Form(s) 8949					
	with Box E checked					
10	Totals for all transactions reported on Form(s) 8949					45,239.
	with Box F checked	45,239.			T	43,633.
	X .					06 440
11	Enter gain from Form 4797, line 7 or 9		, , , , ,		11	86,449.
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
,	Total form orbital games (1000), seems and					
14	Capital gain distributions (see instructions)		,,,		14	
17	Capital gain distributions (see montession)		, , , , , , , , , , , ,	,		
4 5	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	ı h		15	131,688.
15		a though 14 in colonii	, , , , , , , , , , , , , , , , , , , ,	• • • • • • • •		
Part	Summary of Parts I and II				Τ	
			. h 4		٠,٠	
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capit	al loss (line 15)		16	
						120 702
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over n	et short-term capital los	s (line 7)	17	129,782.
18	Add lines 16 and 17. Enter here and on Form 1120,					
	the corporation has qualified timber gain, also compl				18	129,782.
	Note: If losses exceed gains, see Capital losses in the					

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Schedule D and Form 4797

FYE 09/30/2017

Capital Gains (Losses) and Section 1231 Gains (Losses) from Limited Partnerships

		Short Term Capital Gain (Loss)	Long Term Capital Gain (Loss)	1231 Gain (Loss)
Total:		(1,90 <u>6)</u>	45,239	86,449
		CIIO		
	S	340		
	OUBL			

Form 8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2016

Department of the Treasury Internal Revenue Service ► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

Attachment Sequence No. 12A

Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. | Attachment Sequence No. 1

| Social security number or taxpayer identification number

52-1795789

NPR FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Х Adjustment, if any, to gain or loss. If you enter an amount in column (g), 1 (e) enter a code in column (f). Cost or other basis. Gain or (loss). (c) (d) See the separate instructions. (b) (a) See the Note below Subtract column (e) Date sold or Proceeds Date acquired Description of property and see Column (e) in the separate instructions from column (d) and (sales price) disposed of (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (g) combine the result (see instructions) (Mo., day, yr.) Code(s) from Amount of with column (g) adjustment instructions -1.906.1,906 VARIOUS VARIOUS ST CAPITAL GAIN 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B -1,906. 1,906 above is checked), or line 3 (if Box C above is checked) >

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

rm 8949 (2016)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no, not required if shown on other side

Social security number or taxpayer identification number

NPR FOUNDATION

52-1795789

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

HOLE	: 01	the buxes, complete as many forms with the same box checked as you need.
	(D)	Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	/E)	I are tarm translations reported on Form(s) 4000 D should be basic warmed to specified to the IDC

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). Gain or (loss). (c) (d) Cost or other basis, (b) (a) Subtract column (e) Date sold or See the separate instructions. Proceeds See the Note below Description of property Date acquired from column (d) and disposed (sales price) and see Column (e) (Example: 100 sh, XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate Cade(s) from with column (g) Amount of instructions instructions adjustment 45,239. LT CAPITAL GAIN VARIOUS VARIOUS 45.239 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 45,239. 45.239. above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 4797

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Attach to your tax return.

► Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment Sequence No. 27 ldentifying number

ΝI	R FOUNDATION						52-	1795789
1	Enter the gross proceeds from sa substitute statement) that you are in						1	
R	art I Sales or Exchanges of Than Casualty or Thei	Property Use	ed in a Trade	or Business ar	nd Involuntary C	onversio	ns Fr	om Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or altowable since acquisition	(f) Cost or basis, pl improvemer expense o	us its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
7	ATTACHMENT 1							86,449.
	111011111111						T	
****						4		
-	Gain, if any, from Form 4684, line 3	<u> </u>					3	
3	Section 1231 gain from installment					V	4	
4	-					, , , , ,	5	
5	Section 1231 galn or (loss) from like						6	
6	Gain, if any, from line 32, from other	-					7	86,449.
7						aulaa tha	 	
	Partnerships (except electing larginstructions for Form 1065, Schedu	le K, line 10, or Fo	orm 1120S, Sch	edule K, line 9. Ski	p lines 8, 9, 11, and	12 below.		
	Individuals, partners, S corporatio line 7 on line 11 below and skip li losses, or they were recaptured in Schedule D filed with your return an	nes 8 and 9. If II an earlier year,	ne 7 is a gain a enter the gain	nnd you didn't hav from line 7 as a	e any prior year sec	tion 1231		
8	Nonrecaptured net section 1231 los	sses from prior yea	ars. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero o 9 is more than zero, enter the amo	r less, enter -0 If	line 9 is zero, e	nter the gain from	line 7 on line 12 bel ain from line 9 as a	ow. If line long-term		
	capital gain on the Schedule D filed	with your return.	See instructions). `			9	
Pa	rt Ordinary Gains and Lo	sses (see ins	tructions)					
10	Ordinary gains and losses not inclu	ded on lines 11 t	hrough 16 (inclu	de property held 1 y	/ear or less):			
				to the same of the				
		- COY						
11	Loss, if any, from line 7						11	()
	Gain, if any, from line 7 or amount						12	
12	Gain, if any, from line 31	пол пле о, п арра	Cabler				13	
	Net gain or (loss) from Form 4684,						14	
14	Ordinary gain from installment sale	nnes o i and oda.	ling 7E or 26				15	
							16	
	Ordinary gain or (loss) from like-kind						17	
	Combine lines 10 through 16						17	
8	For all except individual returns, ent			e appropriate line	or your return and s	kip lines a		
_	and b below. For individual returns, of the loss on line 11 includes a loss			h)/ii) enter that i	nart of the loss here	Enter the		
а	part of the loss from income-produc-	cina property on	Schedule A (For	m 1040), line 28,	and the part of the	loss from		
	property used as an employee on	Schedule A (Fo	orm 1040), line	: 23. Identify as 1	from "Form 4797, I	ine 18a."	ا مد ا	
	See instructions						18a	
b	Redetermine the gain or (loss) on lin	e 17 excluding th	ne loss, if any, or	n line 18a. Enter he	ere and on Form 104	0, line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2016)

(see instructions) (a) Description of section 1245, 1250, 1252, 1254, (or 12	55 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo. day, yr.)
Α						
В						
C						
D						
		Dunanti A	Property B		Property C	Property D
These columns relate to the properties on lines 19A through 19E). ▶	Property A	Property D	_	110100	
Gross sales price (Note: See line 1 before completing.)				_		
	21					
Cost or other basis plus expense in sale	22					
and the state of t	23			_		
Adjusted basis. Subtract line 22 from line 21.,						
Total gain. Subtract line 23 from line 20	24			.		
					4	
if section 1245 property: a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b				Δ	
is conting 1250 property: If straight line depreciation was					X	
used, enter -0- on line 26g, except for a corporation subject			_)`	
to section 291.	262					
a Additional depreciation after 1975. See instructions .	ZUA					
b Applicable percentage multiplied by the smaller of	26b		4			
line 24 or line 26a. See instructions	200	<u></u>				
c Subtract line 26a from line 24. If residential rental properly	26c					
or line 24 isn't more than line 26a, skip lines 26d and 26e		-				
d Additional depreciation after 1969 and before 1976.	260					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a		(6)				
partnership (other than an electing large partnership).	1			Ì		
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage. See instructions	. 27b					
c Enter the smaller of line 24 or 27b	. 27 c			_		
8 If section 1254 property: a Intangible drilling and development costs, expenditures						
for dayalogment of mines and other natural deposits.				- 1		
mining exploration costs, and depletion. See instructions	- <u>201</u>					
b Enter the smaller of line 24 or 28a	. 28b					
9 If section 1255 property:						
a Applicable percentage of payments excluded from						
Income under section 126. See instructions	. 29a					
			- D through line	20h	before going to I	ine 30.
b Enter the smaller of line 24 or 29a. See instructions ummary of Part III Gains. Complete prope	rty c	olumns A throug	n D through line	200	belore going to .	T
0 Total gains for all properties. Add property columns	A thr	ough D, line 24		• •	31	
	27€	28h ann 29h. Eniei i	lele alla orrano ro,			
	ነውን ሮወ	CHAITY OF THELL OF FU	III 4004, mic co		and between the	.
						6 or Less
other than casually or theft on Form 4797, line 6. Part IV Recapture Amounts Under Section	ns 1	79 and 280F(b)(2) When Busine	ess !	use props to 50%	O OF ECSS
(see instructions)					T	
					(a) Section	(b) Section 280F(b)(2)
					179	2007(0)(2)
33 Section 179 expense deduction or depreciation allo	wable	e in prior years		33		
				34		
Recomputed depreciation, See instructions Recapture amount. Subtract line 34 from line 33. §	ae th	e instructions for wher	e to report	35		Form 4797

Detail
Part
4797 P
Form
ment to
elddn;

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
231 GATN			86 449			07 4 70
			· C * * 100			00/44%
				TOTAL PROPERTY OF THE PROPERTY		
					and the state of t	
						
	Q			The state of the s		
	3		PAPAL.			
The state of the s	>					
- Trouble (goldmanna .						
)					
TOWNSON CONTRACT TRACE.						
The state of the s		\ 0				
mornius.		2				
THE PROPERTY AND ADMINISTRATION OF THE TOTAL						
TO THE PERSON AND THE	***************************************					
)				
			5			
THE PROPERTY OF THE PROPERTY O					1944	
			77.6	2		
				1		
					770.00	111111111111111111111111111111111111111
Totals						86,449.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

Name(s) shown on return NPR FOUNDATION

52-1795789

Dusi	ness of activity to which this lottle relates						
G	ENERAL DEPRECIATION						
Pa	rt I Election To Expense Co	ertain Property l	Jnder Section 179				
	Note: If you have any lis	ted property, con	nplete Part V before	you comp	ete Part I.		
1	Maximum amount (see instructions),			<i>.</i>		• • • 1	
2	Total cost of section 179 property pla	ced in service (see in	structions), , , , ,				
3	Threshold cost of section 179 proper	ty before reduction i	n limitation (see instruction	ns)		3	
4	Reduction in limitation. Subtract line	3 from line 2. If zero o	or less, enter -0-			4	
	Dollar limitation for tax year. Subtract line 4 from separately, see instructions			<u> </u>	-1	5	
8	(a) Description (of property	(b) Cost (bu	siness use only	(c) Electe	ed COSt	
						1	
						1	
7	Listed property. Enter the amount from	n line 29		L 7			
8	Total elected cost of section 179 prop					8	
9	Tentative deduction. Enter the smaller	of line 5 or line 8				9	
10	Carryover of disallowed deduction fro	m line 13 of your 20	15 Form 4562			10	
11	Business Income limitation. Enter the	e smaller of busines	s income (not less than	zero) or line	5 (see instruc	tions) 11	
12	Section 179 expense deduction. Add	lines 9 and 10, but	don't enter more than line	11	<u> </u>	12	
13	Carryover of disallowed deduction to	2017. Add lines 9 ar	nd 10, less line 12	▶ 13			
Note	e: Don't use Part II or Part III below for	listed property. Inste	ad, use Part V.		li-t-d-suppost	\ /Coo.in	atrustions \
Pa	rt II Special Depreciation A	llowance and Ot	her Depreciation (D	on't include	listed propert	y.) (See iii	Stractions.)
14	Special depreciation allowance for	r qualified propert	y (other than listed	property) pla	iced in servic	e	
	during the tax year (see instructions)					14_	
15		election				15	
16	Other depreciation (including ACRS)		<u> </u>			16	<u></u>
Pa	rt III MACRS Depreciation (D	on't include listed	property) (See instru	ictions.)			
			Section A			17	
17	MACRS deductions for assets placed	l in service in tax yea	irs beginning before 2016			17	
18	If you are electing to group any a		rvice during the tax ye	ar into one	or more gener	ai	
	asset accounts, check here				General Den	reciation Sy	vstem
	Section B - Assets	Placed in Service (b) Month and year	During 2016 Tax Yea (c) Basis for depreciation		General Dep		
	(a) Classification of property	placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property	1					
	7-year properly]					
d	10-year property	1					
	15-year property	1					
	20-year property	1					
	25-year property	ļ		25 yrs.		S/L	
	Residential rental			27.5 yrs.	ММ	S/L	
**	properly			27.5 yrs.	ММ	S/L	
	Nonresidential real			39 yrs.	ММ	S/L	
•	property				мм	S/L	
	Section C - Assets P	laced in Service I	During 2016 Tax Year	Using the A	Iternative De	preciation	System
20a	Class life					S/L	
b	12-year	1		12 yrs.		\$/L	
	40-year			40 yrs.	MM	S/L	
2	rt IV Summary (See instructi	ons.)					
21	Listed property. Enter amount from lit	ne 28				21	
22		ines 14 through 17.	lines 19 and 20 in col	umn (g), and	line 21. Enter	here	
	and on the appropriate lines of your re	eturn. Partnerships a	nd S corporations - see in	structions	<u> </u>	22	
23	For assets shown above and place	ed in service durin	g the current year, ent	er the			
	portion of the basis attributable to se	ction 263A costs	<u></u>	23			
		- concrete instruction					Form 4562 (2016)

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	m 4562 (2016)	operty (Include a	automobilos	oortoin /	other	ohiclos		rtain air	oraft (comr	vitere	and n	Page 2
ī		ntertainment, reci				verildies	s, cc	ilaiii aii	viait, t	, Ci (ali i	COMP	otoro,	and p	. opon,
	Note: For a	any vehicle for wh	ich you are	using the	standar	d mileaç	ge rat	te or dec	ducting	lease (expense	e, comp	olete or	ily 24a
		ns (a) through (c) o												
		Depreciation and												No
24	a Do you have evidend	1	1	nt use claime	<u> </u>	res (e)	No	24b If "	1				Yes	No
	(a)	(b)	(c) Business/	(d)		asis for depr	eciation	(f) Recovery	1	g} .hod/		(h) eclation		i) .ection 179
	Type of property (list vehicles first)	Date placed in service	investment use percentage	Cost or other	basis (b	usinoss/inve		period		ention		uction	C	ost
2.5	Cupaint damaninti	·						Lurina	<u> </u>		 		1	
25	Special depreciati	ion allowance for sed more than 50%	quanneo nste Sin a qualified	ia property Lhusiness u	piacec ee/see	instruct	ions)	ulling		. 25				
26	Property used mo				000) 000	11100000	.01107	<u> </u>		. 20	I		J	
	1 toporty dood ino		%		<u> </u>			1	T				T	
			%						<u> </u>					
			%											
27	Property used 509	% or less in a qualifi	<u> </u>	se:		***							, I	
			%					<u> </u>	S/L -	4				
			%						S/L -	\overline{A}				
			%						S/L -					
28	Add amounts in co	olumn (h), lines 25	through 27. E	nter here a	nd on li	ne 21, p	age 1			. 28				
29	Add amounts in co	olumn (i), line 26. E	nter here and	on line 7, p	page 1.				\mathbf{C}	, , , ,		. 29		
			Section	B - Inform	nation	on Use	of Ve	hicles)					
Con	nplete this section fo	or vehicles used by	a sole proprie	tor, partner.	or oth	er "more	than	5% owne	er," or r	elated p	erson.	lf you p	rovided	vehicles
о у	our employees, first an	nswer the questions in	Section C to s	ee if you mee	et an exc	eption to	comp	leting this	section	for those	vehicle	s.		
				(a)	1	(b)		(c)		d)		e)		f) alo 6
ลก	Total business/inv	estment miles drivi	en durina	Vehicle 1	Vel	nicle 2		hicle 3	Ven	icle 4	Ven	Icle 5	Veni	cle 6
	the year (don't inc													
31	Total commuting n	niles driven during	the year .											
			mmuting)			, _								
	miles driven			4	(10)									
33	Total miles drive	en during the ye	ear. Add	C	X									
	lines 30 through 3	2	[_		2		ļ		ļ			T		
34	Was the vehicle	e available for	personal	es No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No_
	use during off-duty	hours?										ļ		
35	Was the vehicle	used primarily by	a more)										
	than 5% owner or a	related person? .			_									
36	Is another vehic	le available for	personal							-				
	use?					<u> </u>	<u> </u>		ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>	<u>]</u>	<u> </u>	
	Se	ction C - Questic	ns for Emp	loyers Wh	o Prov	ide Vel	nicles	for Use	by Th	eir Em	ploye	95		. 11
۱ns	wer these question	ns to determine if	you meet an	exception	to com	pleting	Section	on B for	vehicle	s used	by em	pioyees	wno a	rent
	re than 5% owners o												Yes	No
37	Do you maintain	a written policy s	tatement tha	t prohibits	all per	sonal u	se of	vehicles	, includ	ing co	mmutir	ıg, by		
_	your employees? Do you maintain							 hiclos a	vcent c	· · · ·	ting h			
88	employees? See the	a written policy s	statement ina	n promons	persor	iai usc irc dirac	oi ve	or 1% or	more or	vners		, , , , , , ,		
	employees? See tr	ne instructions for t	venicies useu	reanal uca?	re onice									
9	Do you treat all us Do you provide n	e or venicles by em	hicles to you	r amploves	e obta	in infor	 matio	n from	vour er	nolovee	s abou	ut the		
14	use of the vehicles Do you meet the re	, and retain the fint	rnina avalifie	d automobil	a demo	netratio	n use'	 ?/See ins	 truction	ns.)				
+ I	Note: If your answ	vorto 37 38 39 4	n ar 41 is "Y	es " don't co	nmolete	Section	n B for	the cove	ered vel	nicles.				
D.A.			0, 01 41 13 11	os, dont o	Jiipiota	, 000.00		2,,0 0011						
-	rt VI Amortizat	.1011								(e)			
	(a)		(b)	tion	(c			(d)		Amorti	zation		(f)	•
	Description (of costs	Date amortiza begins	A	mortizabl	e amount		Code se	ction	percer		Amortiza	ation for th	us year
12	Amortization of co	ete that henine duri	ng vaur 2016	tax vear (s	ee instr	uctions				· · · · · · · · · · · · · · · · · · ·				
• Æ	ATTOTICATION OF CO.	am mar begina dun	1.9 7001 2010	147, 7041 (0	J		1			Γ				
3	Amortization of co	sts that began befo	ore your 2016	tax year				**************************************			43			
		to in column (f) Co			ere to r	enort					44			

Form 4562 (2016)