

# **NPR FOUNDATION**

2020 FORM 990-T
EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN
PUBLIC INSPECTION COPY
FISCAL YEAR ENDED 09/30/2021

## \*\* PUBLIC INSPECTION COPY \*\*

| Form        | 990-T                                   | -        | OMB No. 1545-0047                                                                                                                                                               |               |                                                            |
|-------------|-----------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------|
|             |                                         | F        | (and proxy tax under section 6033(e))  lendar year 2020 or other tax year beginning OCT 1, 2020 and ending SEP 30, 2020                                                         | 1 I           | 2020                                                       |
|             |                                         | For ca   |                                                                                                                                                                                 | <u>-</u> ·    | <b>ZUZU</b>                                                |
| Departm     | nent of the Treasury<br>Revenue Service |          | ▶ Go to www.irs.gov/Form990T for instructions and the latest information. • Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). |               | Open to Public Inspection for 501(c)(3) Organizations Only |
| A           | Check box if address changed.           |          |                                                                                                                                                                                 |               | oyer identification number                                 |
| B Exe       | empt under section                      | Print    | NPR FOUNDATION                                                                                                                                                                  | 5             | 2-1795789                                                  |
|             | 501( <b>c</b> )( <b>3</b> )             | or       |                                                                                                                                                                                 | <b>E</b> Grou | p exemption number                                         |
|             | 408(e) 220(e)                           | Type     | 1111 NORTH CAPITOL STREET NE                                                                                                                                                    | (see i        | instructions)                                              |
|             | 408A 530(a)                             |          | City or town, state or province, country, and ZIP or foreign postal code                                                                                                        |               |                                                            |
|             | 529(a) 529S                             |          | WASHINGTON, DC 20002                                                                                                                                                            | F             | Check box if                                               |
|             |                                         | С Во     | ok value of all assets at end of year • 410,006,391.                                                                                                                            |               | an amended return.                                         |
| G C         | heck organization                       |          |                                                                                                                                                                                 | plical        | ble reinsurance entity                                     |
| H C         | heck if filing only to                  | ▶        | Claim credit from Form 8941 Claim a refund shown on Form 2439                                                                                                                   |               |                                                            |
| I C         | heck if a 501(c)(3)                     | organiz  | ation filing a consolidated return with a 501(c)(2) titleholding corporation                                                                                                    |               |                                                            |
| <b>J</b> Er | nter the number of                      | attach   | ed Schedules A (Form 990-T)                                                                                                                                                     |               | 1                                                          |
| K D         | uring the tax year,                     | was the  | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?                                                                                      | <b>&gt;</b>   | Yes X No                                                   |
| If          | "Yes," enter the na                     | ame an   | d identifying number of the parent corporation.                                                                                                                                 |               |                                                            |
|             |                                         |          | NPR, INC. DEBORAH A. COWAN, TREA Telephone number ▶ 2                                                                                                                           | 02-           | 513-2000                                                   |
| Par         | t I   Total Unr                         | elate    | d Business Taxable Income                                                                                                                                                       |               |                                                            |
| 1           | Total of unrelated                      | busine   | ss taxable income computed from all unrelated trades or businesses (see                                                                                                         |               |                                                            |
|             | instructions)                           |          |                                                                                                                                                                                 | 1             | -534,410.                                                  |
| 2           | Reserved                                |          |                                                                                                                                                                                 | 2             |                                                            |
| 3           | Add lines 1 and 2                       |          |                                                                                                                                                                                 | 3             | -534,410.                                                  |
| 4           | Charitable contrib                      | utions ( | (see instructions for limitation rules)                                                                                                                                         | 4             | 0.                                                         |
| 5           | Total unrelated bu                      | siness   | taxable income before net operating losses. Subtract line 4 from line 3                                                                                                         | 5             | -534,410.                                                  |
| 6           | Deduction for net                       | operati  | ng loss. See instructions                                                                                                                                                       | 6             | 0.                                                         |
| 7           | Total of unrelated                      | busine   | ss taxable income before specific deduction and section 199A deduction.                                                                                                         |               |                                                            |
|             | Subtract line 6 from                    |          |                                                                                                                                                                                 | 7             | -534,410.                                                  |
| 8           | Specific deduction                      | ı (gene  | rally \$1,000, but see instructions for exceptions)                                                                                                                             | 8             | 0.                                                         |
| 9           | Trusts. Section 19                      | 99A de   | duction. See instructions                                                                                                                                                       | 9             |                                                            |
|             | Total deductions.                       |          |                                                                                                                                                                                 | 10            |                                                            |
| 11          | Unrelated busine                        | ss taxa  | able income. Subtract line 10 from line 7. If line 10 is greater than line 7,                                                                                                   |               |                                                            |
|             | enter zero                              |          |                                                                                                                                                                                 | 11            | 0.                                                         |
| Par         |                                         |          |                                                                                                                                                                                 |               |                                                            |
|             |                                         |          | s corporations. Multiply Part I, line 11 by 21% (0.21)                                                                                                                          | 1             | 0.                                                         |
|             |                                         |          | ates. See instructions for tax computation. Income tax on the amount on                                                                                                         |               |                                                            |
|             | Part I, line 11 from                    |          | Tax rate schedule or Schedule D (Form 1041)                                                                                                                                     | 2             |                                                            |
|             | Proxy tax. See ins                      |          |                                                                                                                                                                                 | 3             |                                                            |
|             | Other tax amounts                       |          |                                                                                                                                                                                 | 4             |                                                            |
|             | Alternative minimu                      |          |                                                                                                                                                                                 | 5             |                                                            |
|             | •                                       |          | cility income. See instructions                                                                                                                                                 | 6             | 0                                                          |
|             |                                         |          | h 6 to line 1 or 2, whichever applies                                                                                                                                           | 7             | 0.                                                         |
| LHA         | For Paperwork F                         | reduct   | ion Act Notice, see instructions.                                                                                                                                               |               | Form <b>990-T</b> (2020)                                   |

| Total tax. And Payments   Total tax. And Payments   Total tax. And lines 2 and 3 (see instructions)   Total tax. Add lines 2 and 3 (see instructions)   Total tax. Add lines 2 and 3 (see instructions)   Total tax. Add lines 2 and 3 (see instructions)   Total tax. Add lines 3 and 3 (see instructions)   Total tax. Add lines 4 and 5 an    |         |                                                                                                                                     |            |                   |               |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|---------------|--------|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                                                                     |            |                   | F             | Page 2 |
| b Other credits (see instructions) c General business credit Attach Form 3800 (see instructions) d Credit tor prior year minimum tax (attach Form 8801 or 8827) 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part    |                                                                                                                                     | _          | _                 |               |        |
| c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 Other (attach statement)  4 Total tax. Add lines 2 and 3 (see instructions).  5 Check if includes tax previously deferred under section 1294. Enter tax amount here 5 2020 net 965 tax ideality paid from Form 965-A or Form 965-B, Part III, column (k), line 4 6 Rayments: A 2019 overpayment credited to 2020 6 Payments: A 2019 overpayment credited to 2020 6 De 2020 estimated tax payments. Check if section 643(g) election applies 6 Card Robert and See Section 1643(g) election applies 7 Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions) 6 Ge 9 Tax deposted with Form 8888 6 Card Section 1643(g) election applies 9 Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions) 6 Ge 9 Tax due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount ower paid 10 Overpayment. If line 7 is is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2020 estimated tax Penalty (see instructions) 11 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts; If "Yes," erretre hamme of the foreign country here 10 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 11 Yes, "see instructions for other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts; If "Yes," enter the name of the foreign country here? 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus |         |                                                                                                                                     | $\dashv$   |                   |               |        |
| d Credit for prior year minimum tax (attach Form 8801 or 8827)  2 Subtract line 1e from Part II, line 7  3 Other taxes. Check if from:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b       | Other credits (see instructions)                                                                                                    | -          |                   |               |        |
| Total credits. Add lines 1a through 1d  2 Subtract line 1a from Part II, line 7  3 Other taxes. Check if from:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | С       |                                                                                                                                     | -          |                   |               |        |
| 2 Subtract line 1e from Part II, line 7 Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)  4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here  5 2020 net 965 tax liability paid from Form 965A or Form 965 B, Part II, column (k), line 4  5 2020 net 965 tax liability paid from Form 965A or Form 965 B, Part II, column (k), line 4  5 2020 net 965 tax liability paid from Form 965A or Form 965 B, Part II, column (k), line 4  5 2020 net 965 tax liability paid from Form 965A or Form 965 B, Part II, column (k), line 4  5 2020 net 965 tax liability paid from Form 965A or Form 965 B, Part II, column (k), line 4  6 Payments: A 2019 overpayment credited to 2020  6 Payments: A 2019 overpayments. Check if section 643(g) election applies  6 D 2020 settinated tax payments. Check if section 643(g) election applies  6 D 2020 settinated tax payments. Check if section 643(g) election applies  6 D 2020 settinated tax payments. Porm 2439  6 D 3 D 3 D 4 D 4 D 4 D 4 D 4 D 4 D 4 D 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | d       |                                                                                                                                     | -          |                   |               |        |
| 3 Other taxes. Check if from:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | е       |                                                                                                                                     | - 1        |                   |               |        |
| Other (attach statement)  4 Total tax. Add lines 2 and 3 (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2       | ·                                                                                                                                   | ·          | 2                 |               | 0.     |
| Total tax. Add lines 2 and 3 (see instructions).  □ Check if includes tax previously deferred under section 1294. Enter tax amount here  5 2020 net 965 tax lability paid from Form 965-A or Form 965-B, Part II, column (k), line 4  □ S □ O □  6a Payments: A 2019 overpayment credited to 2020  □ Ga □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3       | <del>-</del>                                                                                                                        |            | 3                 |               |        |
| 5 2020 net 985 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 6a Payments: A 2019 overpayment credited to 2020 b 2020 estimated tax payments. Check if section 643(g) election applies c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, addjustments, and payments: Form 2439                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4       |                                                                                                                                     |            |                   |               |        |
| 5 2020 net 965 tax lability paid from Form 965 A or Form 965 B, Part II, column (k), line 4 6a Payments: A 2019 overpayment credited to 2020  b 2020 estimated tax payments. Check if section 643(g) election applies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | section 1294. Enter tax amount here                                                                                                 |            | 4                 |               | 0.     |
| 6a Payments: A 2019 overpayment credited to 2020 b 2020 estimated tax payments. Check if section 643(g) election applies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5       |                                                                                                                                     |            | 5                 |               | 0.     |
| b 2020 estimated tax payments. Check if section 643(g) election applies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6a      |                                                                                                                                     |            |                   |               |        |
| C Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total ▶  7 Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due, if line 7 is snaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶ 11  Part IV Statements Regarding Certain Activities and Other Information 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions:  Value of the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions? ▼ New Yes, where the service of the part y localers that I have examined this return, including accompanying schedules and statements, and to the best o  | b       |                                                                                                                                     |            |                   |               |        |
| d Foreign organizations: Tax paid or withheld at source (see instructions)  Backup withholding (see instructions)  Cee  Credit for small employer health insurance premiums (attach Form 8941)  Gother credits, adjustments, and payments:  Form 2439  Other  Total Form 1436  Other  Total Payments. Add lines 6a through 6g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due, If line? Is smaller than the total of lines 4, 5, and 8, enter amount owed  Tax due, If line? Is smaller than the total of lines 4, 5, and 8, enter amount owepaid  Todarpayments. If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is smaller than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is smaller than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is smaller than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line? Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line Is larger than the total of lines 4, 5, and 8, enter amount overpaid  Tax due, If line Is larger than the total of lines 4, 5, and 8, e | С       |                                                                                                                                     |            |                   |               |        |
| Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: Form 4136  Total payments. Add lines 6a through 6g  8 Estimated tax penalty (see instructions). Check if Form 2220 is attached  9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount ower  10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ ■ Refunded ▶ 11  Part IV Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ ■  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  1 If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Bignature of officer    Date   Print/Type preparer's name   Preparer's signature   Date   Check   If print print preparer shown below (see instructions)?   Yes   New Yes     | d       |                                                                                                                                     |            |                   |               |        |
| Total for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: Form 2439  Form 4136  7 Total payments. Add lines 6a through 6g  8 Estimated tax penalty (see instructions). Check if Form 2220 is attached  9 Tax due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed  10 Overpayment. If line 7 is sarger than the total of lines 4, 5, and 8, enter amount overpaid  11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶ 11  Part IV Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of fax exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  View of the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Was the Bis discuss this return with the prepare frown below (see instructions)? ▼ Yes No. 11 (See instructions)? ▼ Yes N  | е       |                                                                                                                                     |            |                   |               |        |
| Other credits, adjustments, and payments: Form 2439 Other Total ▶ 6g  7 Total payments. Add lines 6a through 6g  8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶ 11  Part IV Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4 Did the organization change its method of accounting? (see instructions)  Value 14 as "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Value 14 as "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Value 15 Pinut Type preparer some Preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, including accompanying schedules and st  | f       |                                                                                                                                     |            |                   |               |        |
| Total payments. Add lines 6a through 6g  7 Total payments. Add lines 6a through 6g  8 Estimated tax penalty (see instructions). Check if Form 2220 is attached  9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed  10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount owerpaid  11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶ 10  Part IV Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  VARIABLE AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | g       | Other credits, adjustments, and payments: Form 2439                                                                                 |            |                   |               |        |
| Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶ 11  Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  When the preparer shown below (see instructions)  In the preparer shown below (see instructions)  In the preparer shown below (see instructions)  In the preparer shown below (see instructions)  Print/Type preparer's name  Print/Type pr  | _       | Form 4136 Other Total ▶ 6g                                                                                                          |            |                   |               |        |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owerpaid 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Oredited to 2021 estimated tax ▶ Refunded ▶ 11  Part IV Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  1 If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Did the organization change its method of accounting? (see instructions)  5 If 4 a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Way the IRS discuss this return with the preparer has any knowledge.  Way the IRS discuss this return with the preparer has any knowledge.  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  Self- employed  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  Self- employed  PO0 39 78 29                                                                                                                                                                                                               | 7       |                                                                                                                                     | .TL        | 7                 |               |        |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid    Inter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶   Inter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶   Inter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶   Inter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶   Inter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶   Inter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶   Inter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶   Inter the amount of the foreign country life "Yes," the organization may have to file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8       |                                                                                                                                     | - 1        | 8                 |               |        |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶  11   Part IV   Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4 a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  May the IRS discuss this return with the prepare has any knowledge.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge.  Print/Type preparer's name  Preparer's Signature  Print/Type preparer's name  Preparer's Signature  Print/Type preparer's name  Preparer's Signature  Print/Type preparer's name  Preparer's Signature O Date  Check if PTIN  Supplemental Information O Both Supplemental PTIN O Supplemental   | 9       | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed                                                | ▶ [        | 9                 |               |        |
| Enter the amount of line 10 you want: Credited to 2021 estimated tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10      |                                                                                                                                     | ▶ [        | 10                |               |        |
| At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here   2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Here  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name                                     | 11      | Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded                                                       | <u>▶</u> 1 | 1                 |               |        |
| over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this return with the preparer's nown below (see Instructions)? TREASURER Title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  PO 0 3 9 7 8 2 9  PO 0 3 9 7 8 2 9  PO 0 3 9 7 8 2 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part    | Statements Regarding Certain Activities and Other Information (see instructions)                                                    |            |                   |               |        |
| FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here    During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?   If "Yes," see instructions for other forms the organization may have to file.   Senter the amount of tax-exempt interest received or accrued during the tax year   Security   S | 1       | At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authori'                | ty         |                   | Yes           | No     |
| here   2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Way the IRS discuss this return with the preparer shown below (see instructions)?  Yes Nowledge Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self-employed  PO0397829  PO0397829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file             | e          |                   |               |        |
| During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Way the IRS discuss this return with the preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  Date Check if PTIN self-employed  Print/Type preparer's name Preparer's signature  Date Check if PTIN self-employed  Print/Type PTIN Self-employed  Print/Type PTIN Self-employed  Print/Type PTIN Self-employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr                      | У          |                   |               |        |
| foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Way the IRS discuss this return with the preparer shown below (see instructions)? The preparer shown below  |         | here                                                                                                                                |            |                   |               | Х      |
| If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  5 If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  8 explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Sign  9 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  10 In the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  11 If I was a provided in the perparer shown below (see instructions)? The preparer shown below (see instructions)? The provided preparer provided provide | 2       | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a                |            |                   |               |        |
| If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Preparer's signature  Date  Date  Check if PTIN  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  PO0 39 78 29  PO0 39 78 29  PO0 39 78 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | foreign trust?                                                                                                                      |            |                   |               | Х      |
| 4a Did the organization change its method of accounting? (see instructions)  b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  explain in Part V  Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Sign  Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this return with the preparer shown below (see instructions)?  Yes No Print/Type preparer's name  Print/Type preparer's name  Preparer  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  PO0 3 9 7 8 2 9  P0 0 3 9 7 8 2 9  P0 0 3 9 7 8 2 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | If "Yes," see instructions for other forms the organization may have to file.                                                       |            |                   |               |        |
| b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  explain in Part V  Part V  Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Here  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  self- employed  P00397829  P00397829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3       | Enter the amount of tax-exempt interest received or accrued during the tax year \ \ \ \ \                                           |            |                   | _             |        |
| Part V Supplemental Information  Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes Nowledge  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self- employed  Proparer  Paid  Preparer  Paid  Preparer's Nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes Nowledge.  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self- employed  P00397829  P00397829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4a      | Did the organization change its method of accounting? (see instructions)                                                            |            |                   |               | Х      |
| Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    Way the IRS discuss this return with the preparer shown below (see instructions)?   TREASURER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | b       | If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"                       |            |                   |               |        |
| Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    May the IRS discuss this return with the preparer shown below (see instructions)?   Yes   Not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                                                                                                                     | <u></u>    |                   |               |        |
| Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes Not preparer.  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer  ELIZABETH W. HELLER  PO0397829  P00397829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part    | V Supplemental Information                                                                                                          |            |                   |               |        |
| Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes Now                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Provide | the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.                     |            |                   |               |        |
| Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes Now                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                     |            |                   |               |        |
| Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes Now                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                     |            |                   |               |        |
| Here    May the IRS discuss this return with the preparer shown below (see instructions)?   X   Yes   No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ٥:      |                                                                                                                                     | vledge :   | and belief, it is | true,         |        |
| Print/Type preparer's name  Print/Type preparer's name  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  self- employed  Prod 397829  Prod 397829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | our sol, and complete. Social and of property (other than applyor) to beside on an information of which property has any knowledge. | May th     | ne IRS discuss    | this return w | vith   |
| Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN  self- employed  Preparer  Preparer  Preparer's signature  Date  O8/10/22  P00397829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Here    | Milborah G. Couran 8/10/22 TREASURER                                                                                                | ,          |                   |               |        |
| Paid Preparer ELIZABETH W. HELLER Chiadululululululululululululululululululul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         | Signature of officer Date Title                                                                                                     | instruc    | tions)?           | Yes           | No     |
| Preparer ELIZABETH W. HELLER Chical William 08/10/22 P00397829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | Print/Type preparer's name Preparer's signature Date Check                                                                          | if         | PTIN              |               |        |
| Preparer ELIZABETH W. HELLER   08/10/22   P00397829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Paid    |                                                                                                                                     | ed         |                   |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                     |            |                   |               |        |
| 1050 H GEDERA GHERE 700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -       | Poly Firm's name ► RSM US LLP Firm's EIN                                                                                            | <u> </u>   | 42-07             | 1432          | 5      |

Firm's name ► RSM US LLP

1250 H STREET, SUITE 700

Firm's address ► WASHINGTON, DC 20005

 $\frac{\text{Phone no.} \quad 202 - 293 - 2200}{\text{Form } \textbf{990-T}_{(2020)}}$ 

#### 1

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

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

501(c)(3) Organizations Only

| <b>A</b> N | ame of the organization NPR FOUNDATION                                                            |      | er identification number 795789       |                 |          |                     |
|------------|---------------------------------------------------------------------------------------------------|------|---------------------------------------|-----------------|----------|---------------------|
| <b>c</b> ს | Inrelated business activity code (see instructions) > 52300                                       | 0    |                                       | <b>D</b> Sequer | nce: 1   | of 1                |
| <b>E</b> D | escribe the unrelated trade or business   INVESTMENTS                                             |      |                                       |                 |          |                     |
| Par        | t I Unrelated Trade or Business Income                                                            |      | (A) Income                            | (B) Expen       | ses      | (C) Net             |
| 1 a        | Gross receipts or sales                                                                           |      |                                       |                 |          |                     |
| b          | Less returns and allowances c Balance ▶                                                           | 1c   |                                       |                 |          |                     |
| 2          | Cost of goods sold (Part III, line 8)                                                             | 2    |                                       |                 |          |                     |
| 3          | Gross profit. Subtract line 2 from line 1c                                                        | 3    |                                       |                 |          |                     |
| 4 a        | Capital gain net income (attach Sch D (Form 1041 or Form                                          |      |                                       |                 |          |                     |
|            | 1120)) (see instructions)                                                                         | 4a   | 364,164.                              |                 |          | 364,164.            |
| b          | Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)                                 | 4b   |                                       |                 |          |                     |
| С          | Capital loss deduction for trusts                                                                 | 4c   |                                       |                 |          |                     |
| 5          | Income (loss) from a partnership or an S corporation (attach                                      |      |                                       |                 |          |                     |
|            | statement) STATEMENT 1                                                                            | 5    | -666,573.                             |                 |          | -666,573.           |
| 6          | Rent income (Part IV)                                                                             | 6    |                                       |                 |          |                     |
| 7          | Unrelated debt-financed income (Part V)                                                           | 7    |                                       |                 |          |                     |
| 8          | Interest, annuities, royalties, and rents from a controlled                                       |      |                                       |                 |          |                     |
|            | organization (Part VI)                                                                            | 8    |                                       |                 |          |                     |
| 9          | Investment income of section 501(c)(7), (9), or (17)                                              |      |                                       |                 |          |                     |
|            | organizations (Part VII)                                                                          | 9    |                                       |                 |          |                     |
| 10         | Exploited exempt activity income (Part VIII)                                                      | 10   |                                       |                 |          |                     |
| 11         | Advertising income (Part IX)                                                                      | 11   |                                       |                 |          |                     |
| 12         | Other income (see instructions; attach statement)                                                 | 12   |                                       |                 |          |                     |
| 13         | <b>Total.</b> Combine lines 3 through 12                                                          | 13   | -302,409.                             |                 |          | -302,409.           |
| Par        | Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in | come |                                       | ·               |          | must be             |
| 1          | Compensation of officers, directors, and trustees (Part X)                                        |      |                                       |                 |          |                     |
| 2          | Salaries and wages                                                                                |      |                                       |                 |          |                     |
| 3          | Repairs and maintenance                                                                           |      |                                       |                 | 3        |                     |
| 4          | Bad debts                                                                                         |      |                                       |                 |          |                     |
| 5          | Interest (attach statement) (see instructions)                                                    |      |                                       |                 | . 5      |                     |
| 6          | Taxes and licenses                                                                                |      | ······                                |                 | 6        | 300.                |
| 7          | Depreciation (attach Form 4562) (see instructions)                                                |      |                                       |                 |          |                     |
| 8          | Less depreciation claimed in Part III and elsewhere on return                                     |      | · · · · · · · · · · · · · · · · · · · |                 | 8b       |                     |
| 9          | Depletion                                                                                         |      |                                       |                 | 9        |                     |
| 10         | Contributions to deferred compensation plans                                                      |      |                                       |                 |          |                     |
| 11         | Employee benefit programs                                                                         |      |                                       |                 |          |                     |
| 12         | Excess exempt expenses (Part VIII)                                                                |      |                                       |                 |          |                     |
| 13         | Excess readership costs (Part IX)                                                                 |      |                                       |                 | 13       |                     |
| 14         | Other deductions (attach statement)                                                               |      | SEE STATE                             | MENT 2          |          | 231,701.            |
| 15         | -                                                                                                 |      |                                       |                 | 15       | 232,001.            |
| 16         | Unrelated business income before net operating loss deduction. Su                                 |      |                                       |                 |          | <b>504 440</b>      |
|            | column (C)                                                                                        |      |                                       |                 |          | -534,410.           |
| 17         | Deduction for net operating loss (see instructions)                                               |      |                                       |                 |          | 0.                  |
| 18         | Unrelated business taxable income. Subtract line 17 from line 16                                  | 3    |                                       |                 |          | -534,410.           |
| LHA        | For Paperwork Reduction Act Notice, see instructions.                                             |      |                                       |                 | Schedule | A (Form 990-T) 2020 |

| Part     | III Cost of Goods Sold Enter meth                                                                               | nod of inventory valua   | tion                       |                 | Page Z   |
|----------|-----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------|-----------------|----------|
| 1        | Inventory at beginning of year                                                                                  |                          |                            | 1               |          |
| 2        | Purchases                                                                                                       |                          |                            | _               |          |
| 3        | Cost of labor                                                                                                   |                          |                            |                 | _        |
| 4        | Additional section 263A costs (attach statement)                                                                |                          |                            |                 |          |
| 5        | Other costs (attach statement)                                                                                  |                          |                            |                 |          |
| 6        | <b>Total.</b> Add lines 1 through 5                                                                             |                          |                            |                 |          |
| 7        | Inventory at end of year                                                                                        |                          |                            |                 |          |
| 8        | Cost of goods sold. Subtract line 7 from line 6. Enter h                                                        |                          |                            |                 |          |
| 9        | Do the rules of section 263A (with respect to property p                                                        | roduced or acquired      | for resale) apply to the   | organization?   | Yes No   |
| Part     | IV Rent Income (From Real Property and                                                                          | Personal Prope           | rty Leased with F          | Real Property)  |          |
| 1        | Description of property (property street address, city, st                                                      | ate, ZIP code). Check    | if a dual-use (see inst    | ructions)       |          |
|          | A                                                                                                               |                          |                            |                 |          |
|          | В                                                                                                               |                          |                            |                 |          |
|          | c                                                                                                               |                          |                            |                 |          |
|          | D                                                                                                               |                          | T                          |                 |          |
|          |                                                                                                                 | A                        | В                          | С               | D        |
| 2        | Rent received or accrued                                                                                        |                          |                            |                 |          |
| а        | From personal property (if the percentage of                                                                    |                          |                            |                 |          |
|          | rent for personal property is more than 10%                                                                     |                          |                            |                 |          |
|          | but not more than 50%)                                                                                          |                          |                            |                 |          |
| b        | From real and personal property (if the                                                                         |                          |                            |                 |          |
|          | percentage of rent for personal property exceeds                                                                |                          |                            |                 |          |
|          | 50% or if the rent is based on profit or income)                                                                |                          |                            |                 |          |
| С        | Total rents received or accrued by property.                                                                    |                          |                            |                 |          |
|          | Add lines 2a and 2b, columns A through D                                                                        |                          |                            |                 |          |
| 4<br>5   | in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En                 | ter here and on Part I   | line 6, column (B)         | <b>&gt;</b>     | 0.       |
| Part '   | V Unrelated Debt-Financed Income (Se                                                                            | ee instructions)         |                            |                 |          |
| 1        | Description of debt-financed property (street address, or                                                       | ity, state, ZIP code). ( | Check if a dual-use (se    | e instructions) |          |
|          | A                                                                                                               |                          |                            |                 |          |
|          | В                                                                                                               |                          |                            |                 |          |
|          | c                                                                                                               |                          |                            |                 |          |
|          | D                                                                                                               |                          | Т                          | T               |          |
|          |                                                                                                                 | Α                        | В                          | С               | D        |
| 2        | Gross income from or allocable to debt-financed                                                                 |                          |                            |                 |          |
|          | property                                                                                                        |                          |                            |                 |          |
| 3        | Deductions directly connected with or allocable                                                                 |                          |                            |                 |          |
|          | to debt-financed property                                                                                       |                          |                            |                 |          |
| а        | Straight line depreciation (attach statement)                                                                   |                          |                            |                 |          |
| b        | Other deductions (attach statement)                                                                             |                          |                            |                 |          |
| С        | Total deductions (add lines 3a and 3b,                                                                          |                          |                            |                 |          |
| _        | columns A through D)                                                                                            |                          |                            |                 |          |
| 4        | Amount of average acquisition debt on or allocable                                                              |                          |                            |                 |          |
| _        | to debt-financed property (attach statement)                                                                    |                          |                            |                 |          |
| 5        | Average adjusted basis of or allocable to debt-                                                                 |                          |                            |                 |          |
|          | financed property (attach statement)                                                                            |                          |                            | ,               |          |
| 6        | Divide line 4 by line 5                                                                                         | %                        | 9/                         | 6 %             | <u>%</u> |
| 7        | Gross income reportable. Multiply line 2 by line 6                                                              | <b>F</b>                 |                            |                 | 0.       |
| 8        | <b>Total gross income</b> (add line 7, columns A through D).                                                    | Enter here and on Pa     | rt I, line /, column (A)   | <b>&gt;</b>     | <u> </u> |
| ^        | Allocable deducations Madistricture C. L. P. C.                                                                 |                          |                            | T               |          |
| 9        | Allocable deductions. Multiply line 3c by line 6 <b>Total allocable deductions.</b> Add line 9, columns A three | augh D. Entar have are   | d on Dort Libra 7 seli     | ımn (D)         | 0.       |
| 10<br>11 | Total dividends-received deductions included in line                                                            |                          | G OILL ALL, III IE 7, COIL |                 | 0.       |

| Sched          | ule A (Form 990-T) 2020<br>VI Interest, Annu | iities R     | nvalties and Re                                  | ents from                 | n Control                              | led Or                                                                                       | nanizations                                    | 3 /00                                 | o instruct                      | ions\  |                                                         | Page 3                                                       |
|----------------|----------------------------------------------|--------------|--------------------------------------------------|---------------------------|----------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|---------------------------------|--------|---------------------------------------------------------|--------------------------------------------------------------|
| rait           | micrest, Ami                                 | aidos, m     | Janus, and Ne                                    |                           | 55111101                               |                                                                                              |                                                |                                       | e instruct                      |        |                                                         |                                                              |
|                | Name of controlle<br>organization            | d            | 2. Employer identification number                | 3. Net unrelated 4. Total |                                        | ixempt Controlled Organizational of specified nents made controlling organization's gross in |                                                | t of colur<br>included<br>olling orga | 6. Deduct<br>6. Deduct<br>conne |        | eductions directly<br>connected with<br>ome in column 5 |                                                              |
| (1)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                | 1.0110                                | 9.0000                          |        |                                                         |                                                              |
| (2)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| (3)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| (4)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
|                |                                              | 1            | No                                               | · · ·                     | Controlled O                           |                                                                                              | ons                                            |                                       |                                 |        |                                                         |                                                              |
| 7              | . Taxable Income                             | ir           | Net unrelated<br>ncome (loss)<br>e instructions) |                           | otal of specit<br>yments mad           |                                                                                              | that is inc<br>controlling<br>gross            | luded ir                              | n the<br>ation's                |        | coni                                                    | uctions directly<br>nected with<br>e in column 10            |
| (1)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| (2)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| (3)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| (4)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
|                |                                              |              |                                                  |                           |                                        |                                                                                              | Add colum<br>Enter here<br>line 8, c           | and on                                | Part I,<br>(A)                  | Ente   | er he                                                   | umns 6 and 11.<br>re and on Part I,<br>ß, column (B)         |
| Totals<br>Part | VII Investment                               |              | of a Cootian EO                                  | 4/0\/7\ //                | 0\ ~~ (47\                             | <u></u> ▶                                                                                    |                                                |                                       | 0.                              |        |                                                         | 0.                                                           |
| rait           |                                              | cription of  | of a Section 50                                  | 1(0)(7), (                | _                                      |                                                                                              | 1                                              |                                       | uctions)                        |        | -                                                       | . Total deductions                                           |
|                | I, Desi                                      | Enplion of   | income                                           |                           | 2. Amou<br>incor                       |                                                                                              | 3. Deduction directly connected (attach states | ected                                 | <b>4.</b> Set-<br>(attach st    |        | nt)                                                     | and set-asides<br>(add cols 3 and 4)                         |
| (1)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| (2)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| (3)            |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        | _                                                       |                                                              |
| (4)            |                                              |              |                                                  |                           | Add amo                                | unto in                                                                                      |                                                |                                       |                                 |        | _                                                       | Add amounts in                                               |
| Totals         |                                              |              |                                                  |                           | column 2<br>here and o<br>line 9, colu | . Enter<br>n Part I,                                                                         |                                                |                                       |                                 |        |                                                         | column 5. Enter<br>nere and on Part I,<br>line 9, column (B) |
| Part           | VIII Exploited E                             | xempt A      | Activity Income,                                 | Other T                   | Than Adve                              | ertising                                                                                     | g Income                                       | see inst                              | tructions)                      |        |                                                         |                                                              |
| 1              | Description of exploite                      | ed activity: |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| 2              | Gross unrelated busin                        | ess incom    | e from trade or busir                            | ness. Ente                | r here and o                           | n Part I,                                                                                    | line 10, colum                                 | n (A)                                 |                                 | 2      |                                                         |                                                              |
| 3              | Expenses directly con                        |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
|                | line 10, column (B)                          |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 | 3      |                                                         |                                                              |
| 4              | Net income (loss) from                       |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 |        |                                                         |                                                              |
| _              |                                              |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 | 4      |                                                         |                                                              |
| 5              | Gross income from ac                         |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 | 5<br>6 |                                                         |                                                              |
| 6<br>7         | Expenses attributable<br>Excess exempt expen |              |                                                  |                           |                                        |                                                                                              |                                                |                                       |                                 | 0      |                                                         |                                                              |
| '              | 4 Enter here and on F                        |              |                                                  | , but uo ni               | or enrei mor                           | c u an u                                                                                     | io amount off f                                |                                       |                                 | 7      |                                                         |                                                              |

Schedule A (Form 990-T) 2020

|            | ule A (Form 990-T) 2020                              |                        |                 |                  |                 | Page 4             |
|------------|------------------------------------------------------|------------------------|-----------------|------------------|-----------------|--------------------|
| Part       | IX Advertising Income                                |                        |                 |                  |                 |                    |
| 1          | Name(s) of periodical(s). Check box if reporting     | ng two or more period  | icals on a cons | solidated basis. |                 |                    |
|            | A                                                    |                        |                 |                  |                 |                    |
|            | В                                                    |                        |                 |                  |                 |                    |
|            | c 🗆                                                  |                        |                 |                  |                 |                    |
|            | D                                                    |                        |                 |                  |                 |                    |
| Enter a    | amounts for each periodical listed above in the      | corresponding colum    | n.              |                  |                 |                    |
|            |                                                      | A                      |                 | В                | С               | D                  |
| 2          | Gross advertising income                             |                        |                 |                  |                 |                    |
|            | Add columns A through D. Enter here and or           | Part I, line 11, colum | n (A)           |                  | <b>&gt;</b>     | 0.                 |
| а          |                                                      |                        |                 |                  |                 |                    |
| 3          | Direct advertising costs by periodical               |                        |                 |                  |                 |                    |
| а          | Add columns A through D. Enter here and or           | Part I, line 11, colum | n (B)           |                  | <b>&gt;</b>     | 0.                 |
|            |                                                      |                        |                 |                  |                 |                    |
| 4          | Advertising gain (loss). Subtract line 3 from li     | ne                     |                 |                  |                 |                    |
|            | 2. For any column in line 4 showing a gain,          |                        |                 |                  |                 |                    |
|            | complete lines 5 through 8. For any column i         | n                      |                 |                  |                 |                    |
|            | line 4 showing a loss or zero, do not complet        | l l                    |                 |                  |                 |                    |
|            | lines 5 through 7, and enter zero on line 8          | l l                    |                 |                  |                 |                    |
| 5          | Readership costs                                     |                        |                 |                  |                 |                    |
| 6          | Circulation income                                   |                        |                 |                  |                 |                    |
| 7          | Excess readership costs. If line 6 is less than      |                        |                 |                  |                 |                    |
|            | line 5, subtract line 6 from line 5. If line 5 is le |                        |                 |                  |                 |                    |
|            | than line 6, enter zero                              | l l                    |                 |                  |                 |                    |
| 8          | Excess readership costs allowed as a                 |                        |                 |                  |                 |                    |
|            | deduction. For each column showing a gain of         | on                     |                 |                  |                 |                    |
|            | line 4, enter the lesser of line 4 or line 7         |                        |                 |                  |                 |                    |
| а          | Add line 8, columns A through D. Enter the g         |                        | olumns total o  | r zero here and  | lon             |                    |
|            | Part II, line 13                                     |                        |                 |                  |                 | 0.                 |
| Part       | X Compensation of Officers, Di                       | rectors, and Trus      | stees (see ir   | nstructions)     |                 |                    |
|            |                                                      |                        |                 |                  | 3. Percentage   | 4. Compensation    |
|            | 1. Name                                              |                        | 2. Title        |                  | of time devoted | attributable to    |
|            |                                                      |                        |                 |                  | to business     | unrelated business |
| <u>(1)</u> |                                                      |                        |                 |                  | %               |                    |
| (2)        |                                                      |                        |                 |                  | %               |                    |
| (3)        |                                                      |                        |                 |                  | %               |                    |
| (4)        |                                                      |                        |                 |                  | %               |                    |
|            |                                                      |                        |                 |                  |                 |                    |
| Total      | Enter here and on Part II, line 1                    |                        |                 |                  | <b></b>         | 0.                 |
| Part       | XI Supplemental Information (se                      | ee instructions)       |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 | <u> </u>         |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
| _          |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
| _          |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |
|            |                                                      |                        |                 |                  |                 |                    |

NPR FOUNDATION 52-1795789

| DESCRIPTION  DESCRIPTION  OR (LOSS)  PASSTHROUGH UBI FROM K-1s - ORDINARY BUSINESS INCOME (LOSS)  TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5  FORM 990-T (A)  OTHER DEDUCTIONS  STATEMENT 2  DESCRIPTION  AMOUNT  TAX PREPARATION FEES  INVESTMENT MANAGEMENT FEES  228,58 |                          |                   |                 |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|-----------------|-------------------------|
| DESCRIPTION  PASSTHROUGH UBI FROM K-1S - ORDINARY BUSINESS INCOME (LOSS)  TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5  FORM 990-T (A)  OTHER DEDUCTIONS  STATEMENT 2  DESCRIPTION  TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES  3,12 228,58                             | FORM 990-T (A)           | INCOME (LOSS) FR  | OM PARTNERSHIPS | STATEMENT 1             |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5  FORM 990-T (A)  OTHER DEDUCTIONS  STATEMENT 2  DESCRIPTION  TAX PREPARATION FEES  INVESTMENT MANAGEMENT FEES  3,12 228,58                                                                                                      | DESCRIPTION              |                   |                 | NET INCOME<br>OR (LOSS) |
| FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 2  DESCRIPTION AMOUNT  TAX PREPARATION FEES 3,12 INVESTMENT MANAGEMENT FEES 228,58                                                                                                                                                 |                          | .S - ORDINARY BUS | SINESS INCOME   | -666,573.               |
| DESCRIPTION AMOUNT TAX PREPARATION FEES 3,12 INVESTMENT MANAGEMENT FEES 228,58                                                                                                                                                                                               | TOTAL INCLUDED ON SCHEDU | JLE A, PART I, LI | NE 5            | -666,573.               |
| TAX PREPARATION FEES  INVESTMENT MANAGEMENT FEES  3,12 228,58                                                                                                                                                                                                                | FORM 990-T (A)           | OTHER DE          | DUCTIONS        | STATEMENT 2             |
| INVESTMENT MANAGEMENT FEES 228,58                                                                                                                                                                                                                                            | DESCRIPTION              |                   |                 | AMOUNT                  |
| TOTAL TO SCHEDULE A, PART II, LINE 14 231,70                                                                                                                                                                                                                                 |                          | EES               |                 | 3,120.<br>228,581.      |
|                                                                                                                                                                                                                                                                              | TOTAL TO SCHEDULE A, PAR | RT II, LINE 14    |                 | 231,701.                |

### **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.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

NPR FOUNDATION

Employer identification number

52-1795789

| Did the corporation dispose of any investme                                                                                                                                                                                                                                      | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                                                          | , ,                             |                                                                             |     | ►  Yes X No                                                            |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------|-----|------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                  | If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| See instructions for how to figure the amounts to enter on the lines below.                                                                                                                                                                                                      | (d)<br>Proceeds                                                                                                  | <b>(e)</b><br>Cost              | (g) Adjustments to ga<br>or loss from Form(s) 89                            | 49, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the |  |  |  |  |
| This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                                                                                     | (sales price)                                                                                                    | (or other basis)                | Part I, line 2, column (                                                    | g)  | result with column (g)                                                 |  |  |  |  |
| 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, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b   |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| <b>1b</b> Totals for all transactions reported on                                                                                                                                                                                                                                |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box A</b> checked                                                                                                                                                                                                                                           |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 2 Totals for all transactions reported on                                                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box B</b> checked                                                                                                                                                                                                                                           |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 3 Totals for all transactions reported on                                                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box C</b> checked                                                                                                                                                                                                                                           | 35,105.                                                                                                          |                                 |                                                                             |     | 35,105.                                                                |  |  |  |  |
| 4 Short-term capital gain from installment sale                                                                                                                                                                                                                                  | s from Form 6252, line 26 or 37                                                                                  |                                 |                                                                             | 4   |                                                                        |  |  |  |  |
| 5 Short-term capital gain or (loss) from like-kir                                                                                                                                                                                                                                |                                                                                                                  |                                 |                                                                             | 5   |                                                                        |  |  |  |  |
| 6 Unused capital loss carryover (attach compu                                                                                                                                                                                                                                    |                                                                                                                  |                                 |                                                                             | 6   |                                                                        |  |  |  |  |
| 7 Net short-term capital gain or (loss). Combin Part II   Long-Term Capital Ga                                                                                                                                                                                                   | 7                                                                                                                | 35,105.                         |                                                                             |     |                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                  | ins and Losses - Asse                                                                                            | ets Held More Tha               | n One Year                                                                  |     |                                                                        |  |  |  |  |
| See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you                                                                                                                                                          | (d)<br>Proceeds<br>(sales price)                                                                                 | (e)<br>Cost<br>(or other basis) | (g) Adjustments to ga<br>or loss from Form(s) 89<br>Part II, line 2, column | 49, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the |  |  |  |  |
| round off cents to whole dollars.                                                                                                                                                                                                                                                | (Saics price)                                                                                                    | (or other basis)                | Tartii, iiric 2, colariiri                                                  | .9) | result with column (g)                                                 |  |  |  |  |
| 8a Totals for all long-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, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 8b Totals for all transactions reported on                                                                                                                                                                                                                                       |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box D</b> checked                                                                                                                                                                                                                                           |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 9 Totals for all transactions reported on                                                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box E</b> checked                                                                                                                                                                                                                                           |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 10 Totals for all transactions reported on                                                                                                                                                                                                                                       |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box F</b> checked                                                                                                                                                                                                                                           | 26,386.                                                                                                          |                                 |                                                                             |     | 26,386.                                                                |  |  |  |  |
| 11 Enter gain from Form 4797, line 7 or 9                                                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             | 11  |                                                                        |  |  |  |  |
| 12 Long-term capital gain from installment sale                                                                                                                                                                                                                                  | s from Form 6252, line 26 or 37                                                                                  |                                 |                                                                             | 12  |                                                                        |  |  |  |  |
| 13 Long-term capital gain or (loss) from like-kir                                                                                                                                                                                                                                | nd exchanges from Form 8824                                                                                      |                                 |                                                                             | 13  |                                                                        |  |  |  |  |
| 14 Capital gain distributions                                                                                                                                                                                                                                                    |                                                                                                                  |                                 |                                                                             | 14  | 302,673.                                                               |  |  |  |  |
| 15 Net long-term capital gain or (loss). Combin                                                                                                                                                                                                                                  |                                                                                                                  | ı h                             |                                                                             | 15  | 329,059.                                                               |  |  |  |  |
| Part III   Summary of Parts I an                                                                                                                                                                                                                                                 | d II                                                                                                             |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 16 Enter excess of net short-term capital gain (I                                                                                                                                                                                                                                |                                                                                                                  |                                 |                                                                             | 16  | 35,105.                                                                |  |  |  |  |
| 17 Net capital gain. Enter excess of net long-term                                                                                                                                                                                                                               |                                                                                                                  |                                 |                                                                             | 17  | 329,059.                                                               |  |  |  |  |
| 18 Add lines 16 and 17. Enter here and on Form                                                                                                                                                                                                                                   | 1120, page 1, line 8, or the app                                                                                 | licable line on other return    | s                                                                           | 18  | 364,164.                                                               |  |  |  |  |
| Note: If losses exceed gains, see Capital Lo                                                                                                                                                                                                                                     | sses in the instructions.                                                                                        |                                 |                                                                             |     |                                                                        |  |  |  |  |

LHA

# Form **8949**

Name(s) shown on return

Department of the Treasury Internal Revenue Service

# **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020
Attachment
Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification no.

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.

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I 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). 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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see Column (e) ir Code(s) with column (g) the instructions SHORT TERM CAPITAL 35,105 35,105. 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 35,105. 35,105. 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.

Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

## 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

| proker and may even tell you which b                                   |                      | 93-D. LILITEI WIII S  | silow whether your        | basis (usually you               | COSI) Was      | reported to the in                        | S by your                            |
|------------------------------------------------------------------------|----------------------|-----------------------|---------------------------|----------------------------------|----------------|-------------------------------------------|--------------------------------------|
| Part II   Long-Term. Transaction                                       | ons involving capita | al assets you held n  | nore than 1 year are      | generally long-term (s           | ee instruction | ons). For short-term tr                   | ansactions,                          |
| see page 1.  Note: You may aggregate all codes are required. Enter the |                      |                       |                           |                                  |                |                                           |                                      |
| You must check Box D, E, or F below. C                                 | Check only one bo    | x. If more than one b | ox applies for your long- | term transactions, compl         | ete a separate | Form 8949, page 2, for e                  |                                      |
| (D) Long-term transactions than will                                   |                      |                       |                           |                                  | •              |                                           |                                      |
| (E) Long-term transactions rep                                         | •                    | ,                     |                           | ,                                | Note and       | ove)                                      |                                      |
| X (F) Long-term transactions not                                       | • • •                | •                     | •                         | ported to trie in o              |                |                                           |                                      |
| (a)                                                                    | (b)                  | (c)                   | (d)                       | (e)                              | Adiustmer      | nt, if any, to gain or                    | (h)                                  |
| Description of property                                                | Date acquired        | Date sold or          | Proceeds                  | Cost or other                    | loss. If y     | oú enter an amount                        | Gain or (loss).                      |
| (Example: 100 sh. XYZ Co.)                                             | (Mo., day, yr.)      | disposed of           | (sales price)             | basis. See the                   | in column (f   | (g), enter a code in ). See instructions. | Subtract column (e)                  |
|                                                                        |                      | (Mo., day, yr.)       |                           | Note below and see Column (e) in | (a)            | (g)                                       | from column (d) & combine the result |
|                                                                        |                      |                       |                           | the instructions                 | Code(s)        | Amount of adjustment                      | with column (g)                      |
| LONG TERM CAPITAL                                                      |                      |                       | 26,386.                   |                                  | C              | aujustinent                               | 26,386.                              |
|                                                                        |                      |                       | 20,300.                   |                                  |                |                                           | 20,3001                              |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
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|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           | _                                    |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
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|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
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|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           | _                                    |
|                                                                        |                      |                       |                           |                                  |                |                                           | _                                    |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           | _                                    |
|                                                                        |                      |                       |                           |                                  |                |                                           | _                                    |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
| 2 Totals. Add the amounts in colur                                     | nns (d), (e), (g), a | nd (h) (subtract      |                           |                                  |                |                                           |                                      |
| negative amounts). Enter each to                                       | tal here and inclu   | ude on your           |                           |                                  |                |                                           |                                      |
| Schedule D, line 8b (if Box D abo                                      | ove is checked),     | line 9 (if Box E      |                           |                                  |                |                                           |                                      |
| above is checked), or line 10 (if E                                    | Box F above is ch    | necked)               | 26,386.                   |                                  |                |                                           | 26,386.                              |
| Note: If you checked Box D above b                                     | ut the basis repo    | orted to the IRS      | was incorrect, ente       | er in column (e) the             | basis as r     | eported to the IRS                        | , and enter an                       |

### **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.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

NPR FOUNDATION

Employer identification number

52-1795789

| Did the corporation dispose of any investme                                                                                                                                                                                                                                      | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                                                          | , ,                             |                                                                             |     | ►  Yes X No                                                            |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------|-----|------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                  | If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| See instructions for how to figure the amounts to enter on the lines below.                                                                                                                                                                                                      | (d)<br>Proceeds                                                                                                  | <b>(e)</b><br>Cost              | (g) Adjustments to ga<br>or loss from Form(s) 89                            | 49, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the |  |  |  |  |
| This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                                                                                     | (sales price)                                                                                                    | (or other basis)                | Part I, line 2, column (                                                    | g)  | result with column (g)                                                 |  |  |  |  |
| 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, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b   |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| <b>1b</b> Totals for all transactions reported on                                                                                                                                                                                                                                |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box A</b> checked                                                                                                                                                                                                                                           |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 2 Totals for all transactions reported on                                                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box B</b> checked                                                                                                                                                                                                                                           |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 3 Totals for all transactions reported on                                                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box C</b> checked                                                                                                                                                                                                                                           | 35,105.                                                                                                          |                                 |                                                                             |     | 35,105.                                                                |  |  |  |  |
| 4 Short-term capital gain from installment sale                                                                                                                                                                                                                                  | s from Form 6252, line 26 or 37                                                                                  |                                 |                                                                             | 4   |                                                                        |  |  |  |  |
| 5 Short-term capital gain or (loss) from like-kir                                                                                                                                                                                                                                |                                                                                                                  |                                 |                                                                             | 5   |                                                                        |  |  |  |  |
| 6 Unused capital loss carryover (attach compu                                                                                                                                                                                                                                    |                                                                                                                  |                                 |                                                                             | 6   | (                                                                      |  |  |  |  |
| 7 Net short-term capital gain or (loss). Combin Part II   Long-Term Capital Ga                                                                                                                                                                                                   | 7                                                                                                                | 35,105.                         |                                                                             |     |                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                  | ins and Losses - Asse                                                                                            | ets Held More Tha               | n One Year                                                                  |     |                                                                        |  |  |  |  |
| See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you                                                                                                                                                          | (d)<br>Proceeds<br>(sales price)                                                                                 | (e)<br>Cost<br>(or other basis) | (g) Adjustments to ga<br>or loss from Form(s) 89<br>Part II, line 2, column | 49, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the |  |  |  |  |
| round off cents to whole dollars.                                                                                                                                                                                                                                                | (Saics price)                                                                                                    | (or other basis)                | Tartii, iiric 2, colariiri                                                  | .9) | result with column (g)                                                 |  |  |  |  |
| 8a Totals for all long-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, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 8b Totals for all transactions reported on                                                                                                                                                                                                                                       |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box D</b> checked                                                                                                                                                                                                                                           |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 9 Totals for all transactions reported on                                                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box E</b> checked                                                                                                                                                                                                                                           |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 10 Totals for all transactions reported on                                                                                                                                                                                                                                       |                                                                                                                  |                                 |                                                                             |     |                                                                        |  |  |  |  |
| Form(s) 8949 with <b>Box F</b> checked                                                                                                                                                                                                                                           | 26,386.                                                                                                          |                                 |                                                                             |     | 26,386.                                                                |  |  |  |  |
| 11 Enter gain from Form 4797, line 7 or 9                                                                                                                                                                                                                                        |                                                                                                                  |                                 |                                                                             | 11  |                                                                        |  |  |  |  |
| 12 Long-term capital gain from installment sale                                                                                                                                                                                                                                  | s from Form 6252, line 26 or 37                                                                                  |                                 |                                                                             | 12  |                                                                        |  |  |  |  |
| 13 Long-term capital gain or (loss) from like-kir                                                                                                                                                                                                                                | nd exchanges from Form 8824                                                                                      |                                 |                                                                             | 13  |                                                                        |  |  |  |  |
| 14 Capital gain distributions                                                                                                                                                                                                                                                    |                                                                                                                  |                                 |                                                                             | 14  | 302,673.                                                               |  |  |  |  |
| 15 Net long-term capital gain or (loss). Combin                                                                                                                                                                                                                                  |                                                                                                                  | ı h                             |                                                                             | 15  | 329,059.                                                               |  |  |  |  |
| Part III   Summary of Parts I an                                                                                                                                                                                                                                                 | d II                                                                                                             |                                 |                                                                             |     |                                                                        |  |  |  |  |
| 16 Enter excess of net short-term capital gain (I                                                                                                                                                                                                                                |                                                                                                                  |                                 |                                                                             | 16  | 35,105.                                                                |  |  |  |  |
| 17 Net capital gain. Enter excess of net long-term                                                                                                                                                                                                                               |                                                                                                                  |                                 |                                                                             | 17  | 329,059.                                                               |  |  |  |  |
| 18 Add lines 16 and 17. Enter here and on Form                                                                                                                                                                                                                                   | 1120, page 1, line 8, or the app                                                                                 | licable line on other return    | s                                                                           | 18  | 364,164.                                                               |  |  |  |  |
| Note: If losses exceed gains, see Capital Lo                                                                                                                                                                                                                                     | sses in the instructions.                                                                                        |                                 |                                                                             |     |                                                                        |  |  |  |  |

LHA

# Form **8949**

Name(s) shown on return

Department of the Treasury Internal Revenue Service

# **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020
Attachment
Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification no.

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.

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I 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). 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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see Column (e) ir Code(s) with column (g) the instructions SHORT TERM CAPITAL 35,105 35,105. 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 35,105. 35,105. 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.

Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

## 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

| proker and may even tell you which b                                   |                      | 93-D. LILITEI WIII S  | silow whether your        | basis (usually you               | COSI) Was      | reported to the in                        | S by your                            |
|------------------------------------------------------------------------|----------------------|-----------------------|---------------------------|----------------------------------|----------------|-------------------------------------------|--------------------------------------|
| Part II   Long-Term. Transaction                                       | ons involving capita | al assets you held n  | nore than 1 year are      | generally long-term (s           | ee instruction | ons). For short-term tr                   | ansactions,                          |
| see page 1.  Note: You may aggregate all codes are required. Enter the |                      |                       |                           |                                  |                |                                           |                                      |
| You must check Box D, E, or F below. C                                 | Check only one bo    | x. If more than one b | ox applies for your long- | term transactions, compl         | ete a separate | Form 8949, page 2, for e                  |                                      |
| (D) Long-term transactions than will                                   |                      |                       |                           |                                  | •              |                                           |                                      |
| (E) Long-term transactions rep                                         | •                    | ,                     |                           | ,                                | Note and       | ove)                                      |                                      |
| X (F) Long-term transactions not                                       | • • •                | •                     | •                         | ported to trie in o              |                |                                           |                                      |
| (a)                                                                    | (b)                  | (c)                   | (d)                       | (e)                              | Adiustmer      | nt, if any, to gain or                    | (h)                                  |
| Description of property                                                | Date acquired        | Date sold or          | Proceeds                  | Cost or other                    | loss. If y     | oú enter an amount                        | Gain or (loss).                      |
| (Example: 100 sh. XYZ Co.)                                             | (Mo., day, yr.)      | disposed of           | (sales price)             | basis. See the                   | in column (f   | (g), enter a code in ). See instructions. | Subtract column (e)                  |
|                                                                        |                      | (Mo., day, yr.)       |                           | Note below and see Column (e) in | (a)            | (g)                                       | from column (d) & combine the result |
|                                                                        |                      |                       |                           | the instructions                 | Code(s)        | Amount of adjustment                      | with column (g)                      |
| LONG TERM CAPITAL                                                      |                      |                       | 26,386.                   |                                  | C              | aujustinent                               | 26,386.                              |
|                                                                        |                      |                       | 20,300.                   |                                  |                |                                           | 20,3001                              |
|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
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|                                                                        |                      |                       |                           |                                  |                |                                           |                                      |
| 2 Totals. Add the amounts in colur                                     | nns (d), (e), (g), a | nd (h) (subtract      |                           |                                  |                |                                           |                                      |
| negative amounts). Enter each to                                       | tal here and inclu   | ude on your           |                           |                                  |                |                                           |                                      |
| Schedule D, line 8b (if Box D abo                                      | ove is checked),     | line 9 (if Box E      |                           |                                  |                |                                           |                                      |
| above is checked), or line 10 (if E                                    | Box F above is ch    | necked)               | 26,386.                   |                                  |                |                                           | 26,386.                              |
| Note: If you checked Box D above b                                     | ut the basis repo    | orted to the IRS      | was incorrect, ente       | er in column (e) the             | basis as r     | eported to the IRS                        | , and enter an                       |