

# Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

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

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

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization SOUTHERN CALIFORNIA PUBLIC RADIO  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 474 SOUTH RAYMOND AVENUE  City or town, state or province, country, and ZIP or foreign postal code PASADENA, CA 91105  <b>F</b> Name and address of principal officer: WILLIAM (HERB) SCANNELL SAME AS C ABOVE	<b>D</b> Employer identification number 95-4765734  <b>E</b> Telephone number (626) 583-5100  <b>G</b> Gross receipts \$ 41,937,174.  <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: ▶ WWW.SCPR.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: 1999
<b>M</b> State of legal domicile: MN		

**Part I Summary**

	1	Briefly describe the organization's mission or most significant activities: <u>NONCOMMERCIAL EDUCATIONAL PUBLIC RADIO PRODUCTION AND BROADCASTING.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	239
	6	Total number of volunteers (estimate if necessary)	6	93
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,720.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	29,921,772.
9		Program service revenue (Part VIII, line 2g)	293,645.	223,962.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,193.	52,231.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-74,723.	-62,904.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,222,887.	41,852,867.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,790,331.	19,775,118.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	646,044.	606,793.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,125,589.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,085,170.	12,819,763.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,521,545.	33,201,674.
	19	Revenue less expenses. Subtract line 18 from line 12	-298,658.	8,651,193.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	32,315,688.	44,771,648.
	21	Total liabilities (Part X, line 26)	6,389,031.	10,212,980.
	22	Net assets or fund balances. Subtract line 21 from line 20	25,926,657.	34,558,668.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MORRIS GOODWIN, JR., SENIOR VP & CFO Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SARAH REICHLING	Preparer's signature SARAH REICHLING	Date 02/23/21	Check if self-employed <input type="checkbox"/>	PTIN P01587996
	Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Firm's EIN ▶ 41-0746749 Phone no. 612-376-4500			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF SOUTHERN CALIFORNIA PUBLIC RADIO IS TO STRENGTHEN THE CIVIC AND CULTURAL BONDS THAT UNITE SOUTHERN CALIFORNIA'S DIVERSE COMMUNITIES BY PROVIDING THE HIGHEST QUALITY NEWS AND INFORMATION SERVICE THROUGH RADIO AND OTHER INTERACTIVE MEDIA. SCPR IS A PUBLIC

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

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

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

4a (Code: ) (Expenses \$ 21,855,351. including grants of \$ 0. ) (Revenue \$ 200,482. ) SCPR CONTINUES TO MAKE SIGNIFICANT EFFORTS TO IMPROVE THE ETHNIC DIVERSITY AND LANGUAGE SKILLS OF OUR STAFF. OUR REPORTERS WORK DAILY IN THE ETHNIC COMMUNITIES OF GREATER LOS ANGELES. OUR TALK SHOWS BROADCASTS THROUGHOUT SOUTHERN CALIFORNIA, BROADCASTING COMMUNITY VOICES TO THE ENTIRE REGION. SCPR ANNOUNCED A DEDICATED TASK FORCE TO HELP DEVELOP A PLAN AND RECOMMENDATIONS FOR ACTIONS DESIGNED TO FUNDAMENTALLY IMPROVE THE LEVEL OF DIVERSITY, EQUITY, AND INCLUSION ACROSS THE ORGANIZATION. SCPR CONTINUED TO BE SOUTHERN CALIFORNIA'S PREMIER PUBLIC RADIO NEWS OPERATION, FEATURING THE MOST NPR NEWS IN THE REGION AND A LOCAL NEWSROOM THAT WON MULTIPLE AWARDS THIS YEAR, INCLUDING ASSOCIATED PRESS

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

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

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

4e Total program service expenses 21,855,351.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JON MCTAGGART TRUSTEE/PRESIDENT/CEO, APMG	9.00 39.00	X		X				0.	676,138.	45,330.
(2) THOMAS (BILL) DAVIS FORMER - TRUSTEE/PRESIDENT/CEO, SCPR	5.00 0.00						X	551,680.	0.	31,934.
(3) DAVID KANSAS EVP & PRESIDENT, APM	9.00 39.00			X				0.	522,953.	49,726.
(4) WILLIAM (HERB) SCANNELL TRUSTEE/PRESIDENT/CEO, SCPR	48.00 0.00	X		X				390,443.	0.	26,412.
(5) MICHAEL LEWIS SVP & GENERAL COUNSEL, APMG	9.00 39.00			X				0.	358,153.	31,469.
(6) MORRIS GOODWIN, JR. SVP & CFO, APMG	9.00 39.00			X				0.	365,299.	18,805.
(7) LARRY MANTLE HOST	40.00 0.00					X		267,439.	0.	42,855.
(8) KRISTEN MULLER CHIEF CONTENT OFFICER, SCPR	40.00 0.00			X				253,254.	0.	39,067.
(9) MARY HAWLEY VP - UNDERWRITING SALES, SCPR	40.00 0.00			X				263,165.	0.	24,833.
(10) ELSA LUNA CFO & COO, SCPR	48.00 0.00			X				256,988.	0.	28,242.
(11) ALEXANDRA SCHAFFERT-CALLAGHAN FORMER - SVP, STRATEGIC PLANNING & C	40.00 0.00			X				227,888.	0.	42,856.
(12) MARY MARCUS ACCOUNT EXECUTIVE	40.00 0.00					X		233,901.	0.	35,557.
(13) DOUGLAS RODERICK VP - CORPORATE CONTROLLER, APMG	9.00 39.00			X				0.	225,232.	41,943.
(14) VERONICA LOPEZ DIRECTOR, UNDERWRITING SALES	40.00 0.00					X		244,250.	0.	16,988.
(15) CHRISTINE PHELPS SVP & CHIEF HR OFFICER, APMG	9.00 39.00			X				0.	230,714.	16,658.
(16) JUSTIN RILEY ACCOUNT EXECUTIVE	40.00 0.00					X		227,199.	0.	18,222.
(17) KELLY KOLLA ACCOUNT EXECUTIVE	40.00 0.00					X		226,002.	0.	18,306.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DOUGLAS JOHNSON VP - TECHNOLOGY & OPS, SCPR	40.00 0.00			X				212,599.	0.	12,963.
(19) JON COHN MANAGING PRODUCER, FORUM & LIVE EVEN	40.00 0.00			X				102,805.	0.	19,655.
(20) CARLA WOHL SVP, DEVELOPMENT, SCPR	40.00 0.00			X				13,643.	0.	2,837.
(21) ANA VALDEZ TRUSTEE/CHAIR	1.00 0.00	X		X				0.	0.	0.
(22) DREW MURPHY TRUSTEE/ VICE CHAIR/TREASURER	1.00 2.00	X		X				0.	0.	0.
(23) JULIAN POON TRUSTEE/ SECRETARY	1.00 2.00	X		X				0.	0.	0.
(24) DANIEL ACOSTA TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) MELISSA ALVARAO TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) BRAD BARRETT TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,471,256.	2,378,489.	564,658.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,471,256.	2,378,489.	564,658.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CARS, DONATING IS EASY, 4669 MURPHY CANYON ROAD, SUITE 100, SAN DIEGO, CA 92123	FUNDRAISING	311,508.
MEDIOS BRUTALES LLC 686 E UNION APT 402, PASADENA, CA 91101	MARKETING & CONSULTING	143,100.
QCSS (FORMERLY ARIA COMMUNICATIONS), 717 WEST ST GERMAIN STREET, ST CLOUD, MN 56301	FUNDRAISING SERVICES	138,997.
GREATER PUBLIC, 401 NORTH THIRD ST, SUITE 370, MINNEAPOLIS, MN 55401	FUNDRAISING CONSULTING	133,844.
COMMERCIAL PROTECTIVE SERVICES 3400 E AIRPORT WAY, LONG BEACH, CA 90806	SECURITY SERVICES	114,220.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KEVIN BEGGS TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) PETER BENEDEK TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) THOMAS CASTRO TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) ESTHER CHAO TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) GORDON CRAWFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) LYNDA BOONE FETTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) JIHEE KIM HUH TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) WINNIE KHO TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) CAPRI MADDOX TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) MOLLY MUNGER TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) DR. FERNANDO J. GUERRA, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) JAMES B. PICK TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) GUY PRIMUS TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) PETER RICE TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) VIRGIL ROBERTS TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) NANCY STARK TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) SUSAN STEINHAUSER TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) MARY JANE WAGLE TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) CATHERINE M. WARD TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) CHARLES WOO TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	16,398,400.				
	<b>c</b> Fundraising events	<b>1c</b>	779,023.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,364,820.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	23,097,335.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,201,276.				
	<b>h Total.</b> Add lines 1a-1f			41,639,578.			
Program Service Revenue	<b>2 a</b> OTHER EARNED REVENUE	Business Code					
		515100	123,931.	123,931.			
	<b>b</b> BROADCAST REVENUE	515100	76,551.	76,551.			
	<b>c</b> ADVERTISING	541800	23,480.		23,480.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			223,962.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		51,606.			51,606.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	21,403.				
		(ii) Personal	0.				
		<b>6b</b> Less: rental expenses					
	<b>6c</b> Rental income or (loss)		21,403.				
	<b>d</b> Net rental income or (loss)		21,403.		2,240.	19,163.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	625.				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses		0.			
	<b>7c</b> Gain or (loss)		625.				
	<b>d</b> Net gain or (loss)		625.			625.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 779,023. of contributions reported on line 1c). See Part IV, line 18		0.				
<b>8b</b> Less: direct expenses			84,307.				
<b>c</b> Net income or (loss) from fundraising events			-84,307.			-84,307.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances							
	<b>10b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			41,852,867.	200,482.	25,720.	-12,913.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,017,917.	832,300.	834,042.	351,575.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	14,552,540.	10,807,978.	815,251.	2,929,311.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	746,929.	544,513.	45,886.	156,530.
<b>9</b> Other employee benefits .....	1,246,709.	901,679.	160,571.	184,459.
<b>10</b> Payroll taxes .....	1,211,023.	883,834.	101,180.	226,009.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	125,488.		125,488.	
<b>c</b> Accounting .....	683,935.		683,935.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	606,793.			606,793.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....				
<b>12</b> Advertising and promotion .....	2,987,737.	857,667.	74,592.	2,055,478.
<b>13</b> Office expenses .....	973,774.	405,590.	58,222.	509,962.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	782,119.	686,021.	26,650.	69,448.
<b>17</b> Travel .....	164,928.	85,616.	49,635.	29,677.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	31,393.	15,855.	3,114.	12,424.
<b>20</b> Interest .....	84,715.	63,559.	5,902.	15,254.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	806,592.	623,001.	50,785.	132,806.
<b>23</b> Insurance .....	137,335.	33,490.	103,845.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAMMING .....	5,496,035.	5,006,208.	69,882.	419,945.
<b>b</b> BANK FEES .....	418,555.		17,176.	401,379.
<b>c</b> FINANCE/ADMINISTRATION .....	102,681.	81,553.	9,708.	11,420.
<b>d</b> PRINTING/PUBLICATIONS .....	50,441.	26,487.	10,835.	13,119.
<b>e</b> All other expenses .....	-25,965.		-25,965.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	33,201,674.	21,855,351.	3,220,734.	8,125,589.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,671,913.	<b>1</b>	4,453,664.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,684,407.	<b>3</b>	3,864,536.
	<b>4</b> Accounts receivable, net .....	1,920,800.	<b>4</b>	1,391,831.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	59,019.	<b>8</b>	72,295.
	<b>9</b> Prepaid expenses and deferred charges .....	55,976.	<b>9</b>	72,821.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 29,232,571.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,147,585.	17,954,936.	<b>10c</b> 22,084,986.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,998,586.	<b>12</b>	10,859,807.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	1,863,525.	<b>14</b>	1,863,525.
	<b>15</b> Other assets. See Part IV, line 11 .....	106,526.	<b>15</b>	108,183.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	32,315,688.	<b>16</b>	44,771,648.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,992,816.	<b>17</b>	2,866,591.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	357,295.	<b>19</b>	429,393.
	<b>20</b> Tax-exempt bond liabilities .....	2,993,375.	<b>20</b>	2,597,496.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	45,545.	<b>25</b>	4,319,500.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,389,031.	<b>26</b>	10,212,980.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	17,237,029.	<b>27</b>	16,862,000.
	<b>28</b> Net assets with donor restrictions .....	8,689,628.	<b>28</b>	17,696,668.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	25,926,657.	<b>32</b>	34,558,668.
<b>33</b> Total liabilities and net assets/fund balances .....	32,315,688.	<b>33</b>	44,771,648.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	41,852,867.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	33,201,674.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,651,193.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	25,926,657.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-19,193.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	11.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	34,558,668.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2019)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	26,846,261.	32,851,985.	27,072,016.	29,922,331.	43,072,597.	159,765,190.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	26,846,261.	32,851,985.	27,072,016.	29,922,331.	43,072,597.	159,765,190.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						297,952.
<b>6 Public support.</b> Subtract line 5 from line 4.						159,467,238.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	26,846,261.	32,851,985.	27,072,016.	29,922,331.	43,072,597.	159,765,190.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	27,987.	61,979.	96,394.	77,829.	73,009.	337,198.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						160,102,388.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,198,030.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.60 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	97.95 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

**Part VI**

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

Horizontal lines for supplemental information input.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2019

Name of the organization

SOUTHERN CALIFORNIA PUBLIC RADIO

Employer identification number

95-4765734

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  SOUTHERN CALIFORNIA PUBLIC RADIO	Employer identification number  95-4765734
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,831,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,314,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SOUTHERN CALIFORNIA PUBLIC RADIO	Employer identification number  95-4765734
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  SOUTHERN CALIFORNIA PUBLIC RADIO	Employer identification number  95-4765734
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: SOUTHERN CALIFORNIA PUBLIC RADIO; Employer identification number: 95-4765734

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

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

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures, and a table for reporting revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,306,820.	1,243,915.	688,179.	595,958.	849,111.
b Contributions			500,000.	15,000.	282,712.
c Net investment earnings, gains, and losses	6,407.	71,602.	62,927.	82,188.	-41,439.
d Grants or scholarships					
e Other expenditures for facilities and programs					-500,000.
f Administrative expenses	8,283.	8,697.	7,191.	4,967.	5,574.
g End of year balance	1,304,944.	1,306,820.	1,243,915.	688,179.	595,958.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  71.00 %
  - b Permanent endowment  17.00 %
  - c Term endowment  12.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,311,305.		6,311,305.
b Buildings		15,910,355.	5,342,434.	10,567,921.
c Leasehold improvements				
d Equipment		2,760,022.	1,805,151.	954,871.
e Other		4,250,889.		4,250,889.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,084,986.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) INTEREST IN INVESTMENT POOL	9,554,863.	END-OF-YEAR MARKET VALUE
(B) ENDOWMENT INVESTMENTS HELD BY OTHERS	1,304,944.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,859,807.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE	231,500.
(3) ROU LEASE OBLIGATIONS	4,088,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,319,500.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	43,351,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-19,193.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,433,019.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	84,307.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,498,133.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	41,852,867.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	41,852,867.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	34,719,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,433,019.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	84,307.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,517,326.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	33,201,674.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	33,201,674.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE SCPR ENDOWMENT FUND IS DEDICATED TO SUPPORT THE LONG TERM ACTIVITIES OF THE ORGANIZATION.

PART X, LINE 2:

SCPR IS ORGANIZED UNDER CHAPTER 317 OF MINNESOTA STATUTES AS A NOT-FOR-PROFIT ORGANIZATION. THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT SCPR IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS NOT A PRIVATE FOUNDATION, AS IT QUALIFIES UNDER SECTION 509(A)(1) AS AN ORGANIZATION DEFINED UNDER SECTION 170(B)(1)(A)(VI) OF THE CODE. THE STATE OF CALIFORNIA FRANCHISE TAX BOARD HAS DETERMINED THAT SCPR IS EXEMPT FROM CALIFORNIA FRANCHISE OR INCOME

**Part XIII** Supplemental Information (continued)

TAXES UNDER SECTION 2370(1)(D) OF THE CALIFORNIA CODE, AND THE MINNESOTA

DEPARTMENT OF REVENUE HAS DETERMINED THAT SCPR IS EXEMPT FROM MINNESOTA

INCOME TAXES UNDER SECTION 290.05 SUBDIVISION 9 OF MINNESOTA STATUTES.

SCPR IS ENGAGED IN CERTAIN ACTIVITIES THAT CAN RESULT IN UNRELATED

BUSINESS INCOME. FOR THE YEAR ENDED JUNE 30, 2020, ESTIMATED TAX BENEFIT

WAS \$26,814. THE ORGANIZATION HAS ADOPTED CERTAIN PROVISIONS OF ASC TOPIC

740, INCOME TAXES. THE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND

PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE

FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS

REVIEWED ITS TAX POSITION FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT

THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 84,307.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 84,307.



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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		VIRTUAL GALA NIGHT (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	779,023.		779,023.
	2	Less: Contributions	779,023.		779,023.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment	10,000.		10,000.
	9	Other direct expenses	74,307.		74,307.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			84,307.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-84,307.

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

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

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

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

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

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

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



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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer
Employee
Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: CARS, DONATING IS EASY

(I) ADDRESS OF FUNDRAISER:

4669 MURPHY CANYON ROAD, SUITE 100, SAN DIEGO, CA 92123

(I) NAME OF FUNDRAISER: QCSS (FORMERLY ARIA COMMUNICATIONS CORPORATION)

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

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: ALLEGIANCE

(I) ADDRESS OF FUNDRAISER: 701 LEE ROAD, SUITE 103, CHESTERBROOK, PA 19087

(I) NAME OF FUNDRAISER: GREATER PUBLIC

(I) ADDRESS OF FUNDRAISER:

401 NORTH THIRD STREET, SUITE 370, MINNEAPOLIS, MN 55401

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SOUTHERN CALIFORNIA PUBLIC RADIO

Employer identification number  
95-4765734

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JON MCTAGGART TRUSTEE/PRESIDENT/CEO, APMG	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	476,022.	161,877.	38,239.	18,200.	27,130.	721,468.	
(2) THOMAS (BILL) DAVIS FORMER - TRUSTEE/PRESIDENT/CEO, SCPR	(i)	50,018.	0.	501,662.	18,200.	13,734.	583,614.	
	(ii)	0.	0.	0.	0.	0.	0.	
(3) DAVID KANSAS EVP & PRESIDENT, APM	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	401,389.	119,398.	2,166.	18,200.	31,526.	572,679.	
(4) WILLIAM (HERB) SCANNELL TRUSTEE/PRESIDENT/CEO, SCPR	(i)	339,750.	28,333.	22,360.	5,600.	20,812.	416,855.	
	(ii)	0.	0.	0.	0.	0.	0.	
(5) MICHAEL LEWIS SVP & GENERAL COUNSEL, APMG	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	285,377.	70,585.	2,191.	16,800.	14,669.	389,622.	
(6) MORRIS GOODWIN, JR. SVP & CFO, APMG	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	290,962.	70,009.	4,328.	0.	18,805.	384,104.	
(7) LARRY MANTLE HOST	(i)	248,388.	15,000.	4,051.	16,985.	25,870.	310,294.	
	(ii)	0.	0.	0.	0.	0.	0.	
(8) KRISTEN MULLER CHIEF CONTENT OFFICER, SCPR	(i)	210,378.	41,175.	1,701.	14,206.	24,861.	292,321.	
	(ii)	0.	0.	0.	0.	0.	0.	
(9) MARY HAWLEY VP - UNDERWRITING SALES, SCPR	(i)	166,154.	95,816.	1,195.	11,178.	13,655.	287,998.	
	(ii)	0.	0.	0.	0.	0.	0.	
(10) ELSA LUNA CFO & COO, SCPR	(i)	203,429.	51,250.	2,309.	13,735.	14,507.	285,230.	
	(ii)	0.	0.	0.	0.	0.	0.	
(11) ALEXANDRA SCHAFFERT-CALLAGHAN FORMER - SVP, STRATEGIC PLANNING & C	(i)	187,201.	39,000.	1,687.	13,025.	29,831.	270,744.	
	(ii)	0.	0.	0.	0.	0.	0.	
(12) MARY MARCUS ACCOUNT EXECUTIVE	(i)	26,412.	13,779.	193,710.	14,681.	20,876.	269,458.	
	(ii)	0.	0.	0.	0.	0.	0.	
(13) DOUGLAS RODERICK VP - CORPORATE CONTROLLER, APMG	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	184,865.	37,196.	3,171.	15,279.	26,664.	267,175.	
(14) VERONICA LOPEZ DIRECTOR, UNDERWRITING SALES	(i)	99,091.	10,675.	134,484.	15,117.	1,871.	261,238.	
	(ii)	0.	0.	0.	0.	0.	0.	
(15) CHRISTINE PHELPS SVP & CHIEF HR OFFICER, APMG	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	200,401.	28,598.	1,715.	4,472.	12,186.	247,372.	
(16) JUSTIN RILEY ACCOUNT EXECUTIVE	(i)	32,819.	3,750.	190,630.	14,505.	3,717.	245,421.	
	(ii)	0.	0.	0.	0.	0.	0.	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) KELLY KOLLA ACCOUNT EXECUTIVE	(i)	31,449.	13,901.	180,652.	13,793.	4,513.	244,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) DOUGLAS JOHNSON VP - TECHNOLOGY & OPS, SCPR	(i)	182,363.	27,253.	2,983.	11,900.	1,063.	225,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

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

PART I, LINE 4A:

THOMAS (BILL) DAVIS RECEIVED \$414,353 IN PAYMENTS UNDER THE TERMS OF HIS  
 EMPLOYMENT AGREEMENT DUE AFTER HIS SEPARATION DURING CALENDAR YEAR 2019.

**Supplemental Information on Tax-Exempt Bonds**

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

Name of the organization  
**SOUTHERN CALIFORNIA PUBLIC RADIO**

Employer identification number  
**95-4765734**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY	35-2273601	NONEAVAIL	12/01/14	4,479,500.	SEE PART V - SUPPLEMENTAL INFO		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....	1,835,000.									
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	4,479,500.									
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	89,500.									
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....										
<b>11</b> Other spent proceeds .....	4,390,000.									
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2014									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X									
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X								
<b>16</b> Has the final allocation of proceeds been made? .....	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

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

Schedule K (Form 990) 2019

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

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





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: SOUTHERN CALIFORNIA PUBLIC RADIO  
Employer identification number: 95-4765734

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1,980	1,140,231.	SALES PROCEEDS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	37	2,061,045.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

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Inspection

Name of the organization

SOUTHERN CALIFORNIA PUBLIC RADIO

Employer identification number

95-4765734

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORUM THAT ENGAGES ITS AUDIENCES IN AN ONGOING DIALOGUE AND EXPLORATION

OF ISSUES, EVENTS AND CULTURES IN THE REGION AND THE WORLD, SEEKING TO

PROVIDE GREATER UNDERSTANDING AND NEW PERSPECTIVES TO THE PEOPLE OF

THESE COMMUNITIES AND THEIR LEADERS.

AS PART OF THAT MISSION, SCPR'S DAILY NEWS REPORTING AND PROGRAMMING

DEALS WITH NEEDS AND CONCERNS OF THE DIVERSE ETHNIC CULTURES AND

COMMUNITIES THROUGHOUT SOUTHERN CALIFORNIA. THE MERE FACT OF LIVING IN

AND REPORTING ON SOUTHERN CALIFORNIA MAKES SUCH COVERAGE AN EXPECTED,

EVEN ROUTINE PART OF ITS DAILY WORK. ANY RANDOM SAMPLE OF DAILY LOGS

WILL SHOW THAT THIS KIND OF REPORTING AND PROGRAMMING IS AN INTEGRAL

PART OF SCPR'S PUBLIC SERVICE AND MISSION.

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

TELEVISION AND RADIO ASSOCIATION AWARD FOR "ENGAGEMENT JOURNALISM" AND

THE EDWARD R. MURROW AWARDS FOR "EXCELLENCE IN VIDEO," "MULTIMEDIA,"

AND "FEATURE REPORTING." SERVING MORE THAN 703,000 LISTENERS EACH WEEK,

SCPR IS SUPPORTED IN PART BY OUR 80,000 MEMBERS WHO CONTRIBUTED MORE

THAN \$18 MILLION IN FY2020.

IN MARCH 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE CORONA VIRUS

(COVID-19) A GLOBAL PANDEMIC. SCPR CONTINUES TO MONITOR COVID-19

RELATED EVENTS, MAKING APPROPRIATE ADJUSTMENTS TO ITS FUNDRAISING AND

COST STRUCTURE. THE RISE TO THE CHALLENGE CAMPAIGN FOR PANDEMIC RELIEF

HAS GENERATED OVER \$8 MILLION IN ONE-TIME SUPPORT AND WILL BE UTILIZED

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

Schedule O (Form 990 or 990-EZ) (2019)

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TO OFFSET MITIGATION EFFORTS FROM FY2020 ON.

PRIOR TO COVID-19, SCPR HOSTED OVER 38 PUBLIC SERVICE EVENTS IN THE CRAWFORD FAMILY FORUM AND AT VENUES THROUGHOUT SOUTHERN CALIFORNIA.

THE CRAWFORD FAMILY FORUM IS A WELCOMING, NON-PARTISAN, KNOWLEDGE-BUILDING SPACE WHERE SOUTHERN CALIFORNIANS OF ALL BACKGROUNDS CAN ENGAGE IN THE FACE-TO-FACE EXCHANGE OF KNOWLEDGE AND IDEAS THAT IS BECOMING INCREASINGLY RARE IN THE DIGITAL ERA. HAVING AN OPPORTUNITY TO NOT JUST HEAR, BUT SEE OTHERS AND HAVE DIRECT DIALOGUE GOES A LONG WAY TOWARD HELPING BUILD BRIDGES AMONG COMMUNITIES WHILE STRENGTHENING, DEEPENING AND EXPANDING OUR PUBLIC SERVICE.

BETWEEN MARCH 2020 AND THE END OF THE FISCAL YEAR, PUBLIC SERVICE EVENTS HAVE BEEN CANCELLED TO STOP THE SPREAD OF COVID 19. SCPR MOVED THESE EVENTS TO A DIGITAL PLATFORM WITH 11 VIRTUAL EVENTS.

DURING FY20, SCPR AVERAGED OVER 2.34 MILLION UNIQUE VISITORS TO SCPR.ORG AND LAIST.COM, OVER 2.24 MILLION MOBILE WEB VISITS, 3.96 MILLION DIGITAL PAGEVIEWS, AND AVERAGED 319,000 MONTHLY PODCAST DOWNLOADS WITH 3.8 MILLION IN TOTAL PODCAST DOWNLOADS FOR THE YEAR.

WEB TRAFFIC WAS ALREADY INCREASING IN THE MONTHS LEADING UP TO COVID-19 AND THE SAFER AT HOME ORDERS, WITH 1.6 MILLION VISITORS IN FEBRUARY 2020. WITH THE SHIFT TO WORKING FROM HOME, SCPR SAW RECORD-BREAKING TRAFFIC, WITH 5.9 MILLION UNIQUE VISITORS IN MARCH, AND AN AVERAGE OF 4.2 MILLION BETWEEN MARCH AND THE END OF THE FISCAL YEAR.

CONTINUED TO EXPAND NON-TRADITIONAL MEANS OF ENGAGING NEW AUDIENCES.

Name of the organization SOUTHERN CALIFORNIA PUBLIC RADIO	Employer identification number 95-4765734
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THESE EFFORTS ARE CHARACTERISTIC OF SCPR'S BROADER APPROACH OF REACHING BEYOND THE TRADITIONAL PUBLIC RADIO AUDIENCE TO BETTER REFLECT SOUTHERN CALIFORNIA'S EVOLVING DEMOGRAPHICS.

IN FY2020, SCPR LAUNCHED LAIST STUDIOS, A NEW PODCAST PRODUCTION VEHICLE THAT PRODUCES VALUES THAT DRIVE LA. SCPR RELEASED 4 SHOWS UNDER THE LAIST STUDIOS BRAND WHICH REPRESENTS OUR AMBITION TO TELL LA STORIES TO THE WORLD AND ELEVATE THE VALUES AND DIVERSITY ASSOCIATED WITH LA. THE SHOWS LAUNCHED WERE "SERVANT OF POD," "HOLLYWOOD, THE SEQUEL," "CALIFORNIA LOVE," AND "CALIFORNIA CITY;" WHICH CAN BE LISTENED TO ON ANY PODCAST PLATFORM.

FORM 990, PART VI, SECTION A, LINE 1:  
THE BOARD OF TRUSTEES MAY APPOINT AN EXECUTIVE COMMITTEE COMPOSED OF AT LEAST THREE TRUSTEES. THE EXECUTIVE COMMITTEE, IF ONE IS APPOINTED, SHALL HAVE THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE BUSINESS OF THIS CORPORATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 3:  
AMERICAN PUBLIC MEDIA GROUP (APMG) IS A NOT-FOR-PROFIT PARENT SUPPORT ORGANIZATION WHOSE PRIMARY PURPOSE IS TO PROVIDE FINANCIAL AND MANAGEMENT SUPPORT SERVICE TO ITS AFFILIATES. APMG PERFORMS SOME MANAGEMENT DUTIES FOR SCPR.

FORM 990, PART VI, SECTION A, LINE 7A:  
SCPR IS CONTROLLED BY ITS NOT-FOR-PROFIT PARENT SUPPORT ORGANIZATION, AMERICAN PUBLIC MEDIA GROUP (APMG). APMG HAS THE ABILITY TO ELECT THE

Name of the organization SOUTHERN CALIFORNIA PUBLIC RADIO	Employer identification number 95-4765734
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TRUSTEES OF SCPR.

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

SCPR IS CONTROLLED BY ITS NOT-FOR-PROFIT PARENT SUPPORT ORGANIZATION,  
 AMERICAN PUBLIC MEDIA GROUP (APMG). APMG HAS THE ABILITY TO APPROVE CERTAIN  
 ACTIONS OF SCPR, AS PROVIDED IN THE BYLAWS.

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

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

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

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

PRIOR TO BOARD ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF  
 INTEREST, A TRUSTEE WHO HAS A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE  
 AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF  
 INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING  
 OR, AT THE OPTION OF THE SECRETARY, IN A SEPARATE MEMORANDUM THAT IS FILED  
 WITH THE ORIGINAL MINUTES OF THE MEETING.

A TRUSTEE WHO DOES NOT PLAN TO ATTEND A MEETING AT WHICH HE OR SHE HAS  
 REASON TO BELIEVE THAT THE BOARD WILL ACT ON A MATTER IN WHICH THE TRUSTEE  
 HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL

Name of the organization SOUTHERN CALIFORNIA PUBLIC RADIO	Employer identification number 95-4765734
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FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING OR, AT THE OPTION OF THE SECRETARY, IN A SEPARATE MEMORANDUM THAT IS FILED WITH THE ORIGINAL MINUTES OF THE MEETING. IF THE TRUSTEE HAVING THE CONFLICT OF INTEREST IS THE CHAIR, THEN THE REQUIRED DISCLOSURE SHALL BE MADE TO, AND THE REQUIRED REPORT TO THE BOARD SHALL BE MADE BY, THE SECRETARY.

A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE BOARD'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING.

A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:  
THE HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE APMG BOARD IS CHARTERED WITH THE ORGANIZATION'S OVERALL COMPENSATION PHILOSOPHY AND RESPONSIBILITY FOR SETTING AND/OR APPROVING THE COMPENSATION PACKAGES OF THE APMG CEO AND THE APMG STAFF OFFICERS SERVING SCPR. THE HRCC MAKES ITS COMPENSATION DECISIONS BASED ON THE FOLLOWING INPUTS: MARKET DATA SUBSCRIBED TO BY THE ORGANIZATION, RECOMMENDATIONS BY THE ORGANIZATION'S



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HUMAN RESOURCES AND MANAGEMENT TEAMS, AND THE HRCC'S EXTERNAL COMPENSATION

CONSULTANT. THE HRCC ESTABLISHES AN ANNUAL AT-RISK COMPENSATION PLAN (THE

PLAN) TO ENABLE THE ORGANIZATION TO ATTRACT, RETAIN, AND MOTIVATE KEY APMG

MANAGEMENT TALENT BY PROVIDING TOTAL COMPENSATION THAT IS COMPETITIVE WITH

THE MARKET AND HAS THE OBJECTIVES TO: A.) FOCUS MANAGEMENT EFFORTS ON KEY

ANNUAL FINANCIAL AND STRATEGIC RESULTS AND B.) ENCOURAGE TEAMWORK AND

INDIVIDUAL PERFORMANCE BY PROVIDING AT-RISK COMPENSATION FOR ACHIEVEMENT OF

THE ORGANIZATION'S GOALS, AS WELL AS INDIVIDUAL AND DEPARTMENTAL

PERFORMANCE OBJECTIVES. THE PLAN APPLIES TO THE APMG CEO AND THE APMG STAFF

OFFICERS SERVING SCPR AND PROVIDES THAT A CERTAIN PERCENTAGE OF THEIR BASE

SALARY IS AVAILABLE IN THE FORM OF AT-RISK COMPENSATION AT YEAR END BASED

ON AN EVALUATION OF PERFORMANCE AGAINST GOALS.

FOR THE SCPR CEO, THE TOTAL COMPENSATION RECOMMENDATION IS PREPARED BY APMG

HUMAN RESOURCES, INCLUDES BENCHMARK DATA PROVIDED BY THE HRCC'S EXTERNAL

COMPENSATION CONSULTANT AND IS APPROVED BY THE SCPR BOARD OF TRUSTEES.

TOTAL COMPENSATION INCLUDES BASE PAY AND INCENTIVE PAY. THE INCENTIVE PAY

PLAN PROVIDES THAT A CERTAIN PERCENTAGE OF BASE PAY IS AVAILABLE IN THE

FORM OF AT-RISK COMPENSATION AT YEAR END BASED ON AN EVALUATION OF

PERFORMANCE AGAINST GOALS. A PORTION OF THE EVALAUTION AGAINST GOALS IS

DETERMINED BY THE SCORE OF OVERALL COMPANY OBJECTIVES, INCLUDING FINANCIAL

MEASURES AND ANNUAL OBJECTIVES. ACHIEVEMENT AGAINST FINANCIAL AND ANNUAL

OBJECTIVES IS DETERMINED BY THE SCPR BOARD.

FOR ALL OTHER SCPR OFFICERS AND KEY EMPLOYEES, TOTAL COMPENSATION TYPICALLY

INCLUDES BASE PAY AND INCENTIVE PAY. THE TOTAL COMPENSATION OPPORTUNITY IS

BENCHMARKED EXTERNALLY BY APMG HUMAN REOURCES WHILE ALSO CONSIDERING

INTERNAL EQUITY TO ENABLE THE ORGANIZATION TO ATTRACT, RETAIN, AND MOTIVATE

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KEY MANAGEMENT TALENT BY PROVIDING TOTAL COMPENSATION THAT IS COMPETITIVE WITH THE MARKET. ANY PLAN FOR INCENTIVE PAY IS SPECIFIC TO THE POSITION, BASED ON INDIVIDUAL GOALS, AND IS CALCULATED AS A PERCENTAGE OF BASE PAY IN THE FORM OF AT-RISK COMPENSATION AT YEAR END. THE PAYOUT FOR INCENTIVE PAY IS DETERMINED BY THE SCPR CEO BASED ON AN EVALUATION OF PERFORMANCE AGAINST THE INDIVIDUAL GOALS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND OTHER FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE; BY REQUEST TO HAVE THE DOCUMENTS RECEIVED VIA E-MAIL OR THE POST; OR IN PERSON AT ITS OFFICES AT 474 S RAYMOND AVENUE PASADENA, CA 91105 AND 480 CEDAR STREET, ST PAUL, MN 55101. A FEE MAY APPLY FOR COPYING AND MAILING COSTS ASSOCIATED WITH A REQUEST. DOCUMENTS ARE MADE AVAILABLE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

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

OTHER ADJUSTMENTS	11.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

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Inspection**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN PUBLIC MEDIA GROUP - 36-3503764 480 CEDAR STREET ST. PAUL, MN 55101	PARENT SUPPORT ORGANIZATION	MINNESOTA	501(C)(3)	LINE 12A, I	N/A		X
MINNESOTA PUBLIC RADIO - 41-0953924 480 CEDAR STREET ST. PAUL, MN 55101	NONCOMMERCIAL PUBLIC RADIO BROADCASTING	MINNESOTA	501(C)(3)	LINE 7	AMERICAN PUBLIC MEDIA GROUP		X

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

Schedule R (Form 990) 2019



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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



