Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NATIONAL PUBLIC RADIO, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1972

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NATIONAL PUBLIC RADIO, INC.

1111 NORTH CAPITOL STREET, NE
WASHINGTON, DC 20002-7502

2b Employer Identification Number (EIN)
52-0907625

2c Plan Sponsor's telephone number
202-513-2000

2d Business code (see instructions)
515100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2025	DARRYL WALSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2025	DARRYL WALSTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

NATIONAL PUBLIC RADIO, INC.

1111 NORTH CAPITAL STREET, NE
WASHINTION, DC 20002-7502

3b Administrator's EIN: 52-0907625

3c Administrator's telephone number: 202-513-2000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1869
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1254
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1091
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	533
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1628
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	1636
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1560
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2L 2M 2R 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4)		**DCG** (Individual Plan Information) – Number Attached 0
(5)		**MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)	X	**A** (Insurance Information) – Number Attached 3
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
NATIONAL PUBLIC RADIO, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL PUBLIC RADIO, INC.

D Employer Identification Number (EIN)
52-0907625

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	467968	1636	04/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED OPTION GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	199552		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	84786		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	5011736		
	▶ OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, TAKEOVER				
	(6) Total additions			7c(6)	5296074
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	5296074
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2076037		
	(2) Administration charge made by carrier	7e(2)	7863		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	774641		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER				
	(5) Total deductions			7e(5)	2858541
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2437533

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
NATIONAL PUBLIC RADIO, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL PUBLIC RADIO, INC.

D Employer Identification Number (EIN)
52-0907625

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	103056	757	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	61359258
5	Current value of plan's interest under this contract in separate accounts at year end	5	72517644

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	72795848
c	Additions: (1) Contributions deposited during the year	7c(1)	95225		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2857575		
	(4) Transferred from separate account	7c(4)	7002183		
	(5) Other (specify below)	7c(5)	22342		
	▶ OUTSIDE ASSETS				
	(6) Total additions			7c(6)	9977325
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	82773173
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11892848		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	7846168		
	(4) Other (specify below)	7e(4)	1674899		
	▶ OUTSIDE ASSET				
	(5) Total deductions			7e(5)	21413915
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	61359258

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
NATIONAL PUBLIC RADIO, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL PUBLIC RADIO, INC.

D Employer Identification Number (EIN)
52-0907625

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	405756	29	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1717711
5	Current value of plan's interest under this contract in separate accounts at year end	5	2635

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1901254
c	Additions: (1) Contributions deposited during the year	7c(1)	15530		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	74337		
	(4) Transferred from separate account	7c(4)	21182		
	(5) Other (specify below)	7c(5)	715		
	▶ OUTSIDE ASSET				
	(6) Total additions			7c(6)	111764
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2013018
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20078		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	14673		
	(4) Other (specify below)	7e(4)	260556		
	▶ OUTSIDE ASSET				
	(5) Total deductions			7e(5)	295307
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1717711

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
NATIONAL PUBLIC RADIO, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL PUBLIC RADIO, INC.

D Employer Identification Number (EIN)
52-0907625

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA

13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	250243	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	RECORDKEEPER /BOOKKEEPER	87531	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

AON HEWITT INVESTMENT CONSULTING IN

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	20250	Yes [X] No [ ]	Yes [X] No [ ]	20500	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SEYFARTH SHAW LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	17811	Yes [X] No [ ]	Yes [X] No [ ]	37252	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

BDO USA LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 99	ACCOUNTANT	47480	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

DUNBAR, BENDER, & ZAPF, INC.

25-1650062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	OTHER SERVICES	15000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
NATIONAL PUBLIC RADIO, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATIONAL PUBLIC RADIO, INC.

D Employer Identification Number (EIN)
52-0907625

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA TRADITION BENE RESP 2 BR2

b Name of sponsor of entity listed in (a): 103056 - NATIONAL PUBLIC RADIO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-001	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA_TRADITION_BEN_RESPON_BR1

b Name of sponsor of entity listed in (a): 103056 - NATIONAL PUBLIC RADIO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-001	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA_TRADIT_NON_BEN_RESPON_NBR

b Name of sponsor of entity listed in (a): 103056 - NATIONAL PUBLIC RADIO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-001	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA_TRAD_NON_BENE_RESPN_2_NB2

b Name of sponsor of entity listed in (a): 103056 - NATIONAL PUBLIC RADIO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-001	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PLAN LOAN DEFAULT FUND 98

b Name of sponsor of entity listed in (a): 103056 - NATIONAL PUBLIC RADIO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-001	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-001	P	6685406

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
NATIONAL PUBLIC RADIO, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL PUBLIC RADIO, INC.

D Employer Identification Number (EIN)
52-0907625

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		29336
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		489844
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	848979	1068912
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	16606503	6685406
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	302982557	309286169
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	72795849	63796790
(15) Other	1c(15)	2966041	2568234

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	396199929	383924691
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	396199929	383924691

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	7445835	
	(B) Participants	2a(1)(B)	12722947	
	(C) Others (including rollovers)	2a(1)(C)	1399026	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		21567808
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	55438	
	(F) Other	2b(1)(F)	2968964	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3024402
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5645121	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5645121
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		-1310855
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		44867194
c Other income	**2c**		1082575
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		74876245
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	80337145	
(2) To insurance carriers for the provision of benefits	**2e(2)**		
(3) Other	**2e(3)**	6279714	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		86616859
f Corrective distributions (see instructions)	**2f**		
g Certain deemed distributions of participant loans (see instructions)	**2g**		34827
h Interest expense	**2h**		
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**		
(2) Contract administrator fees	**2i(2)**	376085	
(3) Recordkeeping fees	**2i(3)**		
(4) IQPA audit fees	**2i(4)**		
(5) Investment advisory and investment management fees	**2i(5)**	2794	
(6) Bank or trust company trustee/custodial fees	**2i(6)**		
(7) Actuarial fees	**2i(7)**		
(8) Legal fees	**2i(8)**		
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	120918	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		499797
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		87151483
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		-12275238
l Transfers of assets:			
(1) To this plan	**2l(1)**		
(2) From this plan	**2l(2)**		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		17952
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
TIAA - 103056 NATIONAL PUBLIC RADIO	13-1624203	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
NATIONAL PUBLIC RADIO, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL PUBLIC RADIO, INC.

D Employer Identification Number (EIN)
52-0907625

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290 82-2826183

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 265

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500882A .

National Public Radio, Inc.
Retirement Plan

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2023 and 2022, and
for the Year Ended December 31, 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

National Public Radio, Inc.
Retirement Plan

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2023 and 2022, and
for the Year Ended December 31, 2023

National Public Radio, Inc. Retirement Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	20

Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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www.bdo.com

8401 Greensboro Drive, Suite 800
McLean, VA 22102

Independent Auditor's Report

To the Plan Administrator
National Public Radio, Inc. Retirement Plan
Washington, D.C.

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the financial statements of the National Public Radio, Inc. Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and TIAA and CREF did not provide, sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP), and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America (GAAS) and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2023), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to, and we do not express an opinion on the supplemental schedules referred to above.

BDO USA, P.C.

McLean, Virginia
January 31, 2025

Financial Statements

National Public Radio, Inc. Retirement Plan
Statements of Net Assets Available for Benefits

December 31,	**2023**	2022
Assets		
Investments:		
Investments, at fair value, as certified by Trustees		
Mutual funds	**$ 243,453,932**	$ 240,556,358
CREF registered investments	**65,832,237**	62,426,199
Fixed annuity contracts, non-fully benefit responsive	**39,916,851**	41,733,244
Pooled separate account	**6,685,406**	16,606,503
Self-directed brokerage accounts	**2,568,234**	2,966,041
Total investments, at fair value	**358,456,660**	364,288,345
Investment, at contract value, as certified by Trustees		
Fixed annuity contract, fully benefit responsive	**23,879,939**	31,062,605
Total Investments	**382,336,599**	395,350,950
Receivables:		
Notes receivable from participants, as certified by Trustees	**1,068,912**	848,979
Due from Trustee	**489,844**	-
Employer contributions	**29,336**	-
Total Receivables	**1,588,092**	848,979
Net Assets Available for Benefits	**$ 383,924,691**	$ 396,199,929

See accompanying notes to the financial statements.

National Public Radio, Inc. Retirement Plan
Statement of Changes in Net Assets Available for Benefits

Year Ended December 31,	2023
Additions	
Investment income, as certified by Trustees	
Net appreciation in fair value of investments	$ 46,190,567
Interest and dividends	7,054,394
Total Investment Income	53,244,961
Interest income on notes receivable from participants	55,438
Contributions:	
Employer	7,445,835
Participant	12,722,947
Rollovers	1,399,026
Total Contributions	21,567,808
Total Additions	74,868,207
Deductions	
Benefits paid to participants	86,651,686
Administrative expenses	491,759
Total Deductions	87,143,445
Net Decrease	(12,275,238)
Net Assets Available for Benefits, beginning of year	396,199,929
Net Assets Available for Benefits, end of year	$ 383,924,691

See accompanying notes to the financial statements.

1. Description of the Plan

The following description of the National Public Radio, Inc. ("NPR;" "Plan Administrator") Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General—The Plan is a defined contribution 403(b) plan with salary deferral provisions covering all NPR employees except nonresident aliens, leased employees, and independent contractors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). NPR's management and National Public Radio, Inc.'s Retirement Committee ("Retirement Committee") are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings, monitor investment performance, and report to the Plan's administrator.

B. Trustees and administration of the Plan—The Plan transitioned primary custodial and recordkeeping services from the Teachers Insurance and Annuity Association of America ("TIAA") to Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company, members of Principal Financial Group (collectively "Principal") on April 1, 2023 ("Transition Date"). Most Plan assets were transferred from TIAA to Principal (hereinafter referred to as "Plan Asset Transfer"). Principal allocated each participant's balance into a similar investment (e.g., similar target date fund). After a "blackout" period, participants could direct their investment elections into funds of their choice. During this transition, all participants remained fully invested.

On the Transition Date, the Plan adopted a new 403(b) Volume Submitter Plan with Principal ("Principal Agreement"). New contributions, transfers, and rollovers are only permitted into Principal.

The trustees and issuer of the insurance products held in the Plan are TIAA and College Retirement Equities Fund (collectively, "TIAA-CREF"). All other assets are held at Principal (hereinafter TIAA and Principal collectively referred to as "Trustees"). The Trustees hold all assets of the Plan in accordance with the service provider contracts with NPR.

C. Eligibility—All NPR employees, except nonresident aliens, leased employees, and independent contractors, are eligible to participate in the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their initial deferral rate set at 3% of eligible compensation, increasing 1% per year, to a maximum of 10%, and their contributions are invested in a designated retirement age-specific balanced fund unless changed by the participant. Participants become eligible to receive NPR contributions on the first day of the month following the completion of two years of service in which the employee worked at least 1,000 hours each year.

D. Contributions—Employees may participate in the salary deferral portion of the Plan upon hire and may contribute up to the maximum amount allowed as defined in the Plan, subject to the limits established by the U.S. Internal Revenue Code of 1986, as amended ("IRC"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans or Individual Retirement Accounts, known as rollover contributions.

1. Description of the Plan (Continued)

D. Contributions (Continued)—For those participants who are covered by a collective bargaining agreement between NPR and the Screen Actors Guild—American Federation of Television and Radio Artists, Washington-Baltimore local ("SAG-AFTRA"), NPR contributes an amount equal to 7% of a participant's compensation earned. For those participants not covered by a collective bargaining agreement between NPR and SAG-AFTRA, NPR contributes an amount equal to 6.5% of a participant's compensation earned.

E. Participant accounts—Participants direct the investment of contributions into various investment options offered by the Plan. Each participant's account is (a) credited with the participant's contributions, NPR's contributions, and an allocation of earnings or losses from the investment options elected by the participant and (b) debited for certain Plan expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

F. Vesting—Participants are immediately and fully vested in their voluntary contributions, rollover contributions, and NPR contributions plus actual earnings and losses thereon.

G. TIAA Plan loans—Until July 16, 2018, participants could borrow directly from TIAA, up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance, subject to any participant notes receivable outstanding. As these loans were issued directly from funds owned by TIAA and not from a participant's account, the loans are not considered assets of the Plan and are, therefore, excluded from the Plan's statements of net assets available for benefits. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. The collateral is held in the TIAA Traditional Fixed Annuity Account as either part of a Group Supplemental Retirement Annuity ("GSRA") contract or as a separate Retirement Loan contract. Interest rates on these loans ranged from 4.00% to 5.80% for the year ended December 31, 2023.

At December 31, 2023 and 2022, there was $177,795 and $188,083, respectively, held within participant accounts in investments within the statements of net assets available for benefits, which served as collateral against outstanding TIAA Plan Loan balances. For the year ended December 31, 2023, no defaulted TIAA Plan Loans were included in benefits paid to participants and beneficiaries in the statement of changes in net assets available for benefits.

H. Notes receivable from participants—Participants may borrow from the participant contribution portion of their accounts a minimum of $1,000 up to the lesser of 50% of their vested account balance or $50,000, reduced by the highest outstanding loan balance in their account during the prior 12-month period. The loans are secured by the balance in the participant's account. Interest rates on loans outstanding ranged from 4.25% to 9.50% as of December 31, 2023 and 2022. Prior to the transition to Principal, participants paid principal and interest using coupons no less than quarterly. After the transition to Principal, the loans are repaid ratably through payroll deductions over a period of five years or less, unless used to purchase a principal residence up to 10 years. These loans are subject to certain restrictions as defined by the Plan document and applicable restrictions under the IRC. Also, each participant may not have more than two loans outstanding at any time.

For the year ended December 31, 2023, defaulted participant loans totaling $328,922 were included in benefits paid to participants and beneficiaries in the statement of changes in net assets available for benefits.

1. Description of the Plan (Continued)

I. Payment of benefits—Upon termination of service or upon death, disability, or retirement (age 65), the Plan allows for distributions in accordance with the appropriate provisions of the IRC and applicable state laws. A participant or beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested account balance or annuitized payments of the participant's vested account balance over time.

The Plan allows for in-service payment of benefits when a participant reaches age 59½. Participants may elect to withdraw from their vested accounts in the event of a proven financial hardship. Participants may only withdraw from the participant's elective contributions account in an amount equal to the lesser of 100% of their elective contributions account balance or the amount needed to satisfy the immediate and heavy financial need of the participant. If a participant terminates employment and the participant's account balance does not exceed $5,000, the Plan Administrator may authorize the benefit payment without the participant's consent.

J. Forfeited accounts—Forfeited accounts may be utilized to reduce NPR contributions or pay the Plan's administrative expenses. Forfeited accounts totaled $13,322 and $16,477 at December 31, 2023 and 2022, respectively. For the year ended December 31, 2023, $3,872 was utilized during the year to pay for plan expenses.

K. Administrative expenses—NPR has elected to pay most administrative expenses associated with the Plan, except for certain account and loan fees deducted directly from the individual participants' accounts and some allowable expenses paid by the Plan. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investment, as they are paid through revenue sharing, rather than a direct payment. If there are not enough funds generated by the revenue sharing arrangement, then NPR will pay the expenses by direct payment.

L. Revenue credits—The Principal Agreement provides a revenue credit arrangement whereby Principal allocates quarterly deposits into an account that is used to pay the Plan's administrative expenses. During 2023, the Plan received credits of $184,908, $162,409 of which was used to pay administrative expenses. Administrative expenses are presented net of revenue credits in the statement of changes in net assets available for benefits. Unused revenue credits at December 31, 2023 and 2022 are $23,166 and $350, respectively.

2. Summary of Significant Accounting Policies

A. Annual reporting requirements—Prior to January 1, 2009, TIAA and CREF maintained records at a contract, not Plan level. Neither the Plan sponsor nor TIAA and CREF, as custodians, have sufficient historical accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, could not be determined.

B. Basis of accounting—The Plan's financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

2. Summary of Significant Accounting Policies (Continued)

C. Use of estimates—The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

D. Investment valuation and income recognition—Investments are reported at fair value, except for fully benefit responsive ("FBR") investment contracts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance companies. See Note 4 for additional information related to fair value measurements.

The Plan's FBR investment contracts with TIAA are valued at contract value (Note 5). Contract value equals the accumulated cash contributions and interest credited to the Plan's contracts less withdrawals. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

E. Notes receivable from participants—Notes receivable from participants are measured at the unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded if the participant has met a distributable event in accordance with the Plan document. Notes receivable from participants held with Principal and TIAA that were deemed to have been distributed was $55,274 for the year ended December 31, 2023.

F. Due from Trustee—On December 28, 2023, TIAA transferred a portion of the Plan's assets totaling $489,844 pertaining to one participant to Principal. The transferred assets were not received and recorded by Principal until January 4, 2024. The Plan reported this amount as a receivable in the statement of net assets available for benefits as of December 31, 2023.

G. Contributions Receivable—Participant contributions and any related employer contributions are recognized in the period during which NPR makes the respective payroll deduction from the participant's compensation.

H. Payment of benefits—Benefits are recorded when paid.

I. Expenses— Plan-paid recordkeeping services expenses are reported as administrative expenses in the statement of changes in net assets available for benefits. Fees paid by NPR, if any, are excluded from these financial statements. Fees related to participant-initiated transactions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

2. Summary of Significant Accounting Policies (Continued)

J. Accounting pronouncements not yet adopted— In June 2022, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2022-03, *Fair Value Measurement of Equity Securities Subject to Contractual Sale Restrictions*, to clarify that a contractual restriction on the sale of an equity security is not considered part of the unit of account of the equity security and is not considered in measuring the fair value of the equity security in accordance with Accounting Standards Codification (ASC) 820, Fair Value Measurements. ASU No. 2022-03 also adds certain disclosures for equity securities subject to contractual sales restrictions. ASU No 2022-03 is effective for the Plan beginning in calendar year 2025. The Plan Administrator's management continues to evaluate the potential impact of this ASU on the Plan's financial statements.

3. Information Certified by Principal, TIAA and CREF

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule, related to investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2023, was obtained and agreed to or derived from information certified as complete and accurate by Principal, TIAA and CREF, qualified institutions.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP, and in the ERISA-required supplemental schedule of assets (held at end of year), including assessing whether the supplemental schedule is in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

4. Fair Value Measurements

ASC 820, *Fair Value Measurement*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

- **Level 1**—Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access.

- **Level 2**—Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- **Level 3**—Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

4. Fair Value Measurements (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation method used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

- **Mutual funds**—These investments are generally valued at the daily closing price as reported by the respective fund and these funds are required to publish their daily net asset value ("NAV") and to transact at that price. These Plan investments are deemed to be actively traded on a public exchange.

- **CREF registered investments**—These variable annuity accounts are registered investments that invest principally in equity securities, fixed-income instruments, and short-term investments in accordance with each portfolio's investment objectives. Account investments and fund holdings are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing. Money market account holdings are generally valued at amortized cost. Units may be redeemed daily, with no required notice period. Units may not be transferred out of the same account unless 90 calendar days have passed. The NAV is the basis for participant transactions and is published on the NASDAQ daily.

- **Fixed annuity contracts**— The non-FBR fixed annuity contracts, composed entirely of TIAA-Traditional Annuity ("TIAA-TA"), are reported at fair value, as approximated by contract value. Fair value is determined using the discounted cash flow method. The TIAA-TA is not available for sale or transfer on any securities exchange and is subject to various restrictions (Note 5).

- **Pooled separate account**—The investments in the pooled separate account is stated at fair value as determined in accordance with the policies and procedures reviewed by the Investment Committee of the issuer. The NAV of the units held in the TIAA real estate pooled separate account is based on the market value of the underlying real estate holdings which are valued principally utilizing external appraisals and involve significant judgment. The NAV of the TIAA real estate pooled separate account is the basis for participant transactions and are published daily on the NASDAQ (Note 6).

- **Self-directed brokerage accounts**—The self-directed brokerage accounts give participants the opportunity to actively manage their retirement contributions as participants can select from various registered company fund choices such as fixed income securities, equities and exchange traded funds, and mutual funds. These investments are generally valued at the daily closing price as reported by the respective fund and these funds are required to publish their daily NAV and to transact at that price. These investments are deemed to be actively traded.

4. Fair Value Measurements (Continued)

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Fair value tables—The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of the end of 2023 and 2022.

		Fair Value Hierarchy Level		
December 31, 2023	**Total**	**Level 1**	**Level 2**	**Level 3**
Mutual funds	**$ 243,453,932**	**$ 243,453,932**	**$ -**	**$ -**
CREF registered investments	**65,832,237**	**-**	**65,832,237**	**-**
Fixed annuity contracts: Non-FBR	**39,916,851**	**-**	**-**	**39,916,851**
Pooled separate account	**6,685,406**	**-**	**-**	**6,685,406**
Self-directed brokerage account	**2,568,234**	**2,568,234**	**-**	**-**
Total assets at fair value	**$ 358,456,660**	**$ 246,022,166**	**$ 65,832,237**	**$ 46,602,257**

		Fair Value Hierarchy Level		
December 31, 2022	**Total**	**Level 1**	**Level 2**	**Level 3**
Mutual funds	$ 240,556,358	$ 240,556,358	$ -	$ -
CREF registered investments	62,426,199	-	62,426,199	-
Fixed annuity contracts: Non-FBR	41,733,244	-	-	41,733,244
Pooled separate account	16,606,503	-	-	16,606,503
Self-directed brokerage account	2,966,041	2,966,041	-	-
Total assets at fair value	$ 364,288,345	$ 243,522,399	$ 62,426,199	$ 58,339,747

Purchases and sales of fixed annuity contracts and pooled separate account during the year were:

	Purchases		Sales	
Description	**2023**	2022	**2023**	2022
Fixed annuity contracts	**$ 4,571,109**	$ 2,674,613	$ 8,317,300	$ 2,980,874
Pooled separate account	**$ 362,675**	$ 1,274,653	$ 8,201,604	$ 1,787,497

4. Fair Value Measurements (Continued)

Quantitative information—Quantitative information with respect to assets measured and carried at fair value on a recurring basis using significant unobservable inputs (level 3) follows:

Description	Fair Value at December 31, **2023**	Fair Value at December 31, 2022	Principal Valuation Techniques	Unobservable Inputs
Fixed Annuity Contracts *(TIAA Traditional Annuity)*	**$ 39,916,851**	$ 41,733,244	Discounted cash flow Theoretical transfer (exit value)	Risk adjusted discount rate
Pooled Separate Account *(TIAA Real Estate Account)*	**$ 6,685,406**	$ 16,606,503	Income approach: discounted cash flow and direct capitalization	Discount Rate Terminal Capitalization Rate Overall Capitalization Rate

Level 3 Sensitivity of Fair Value Measurements and Changes in Significant Observable Inputs—The significant unobservable inputs used in the fair value measurement of the Plan's Level 3 investments are subject to market risks resulting from changes in the market value of its investments.

5. Fixed Annuity Contracts with TIAA and Principal

TIAA—TIAA offers the TIAA-TA through a variety of contracts. Such contracts are established between the participants and TIAA. The contract options include Retirement Annuities ("RA"), Supplemental Retirement Annuities ("SRA"), and GSRA. No new contributions, transfers, or rollovers are permitted into these legacy options after June 28, 2018. After June 28, 2018, the available contract options for new contracts include only Retirement Choice ("RC") and Retirement Choice Plus ("RCP") annuities.

Contributions to the annuity accounts are grouped by TIAA into "vintages" comprised of premiums received over defined time periods of one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA's general account.

The TIAA-TA holdings within RA and RC contracts have liquidity restrictions and accounts balances may only be withdrawn via periodic payments up to 10 years. Furthermore, the RA and RC contracts do not allow lump-sum cash withdrawals and transfers must be spread over a multi-year period of annual installments. Because these provisions are considered to restrict participant's "reasonable access" to their contract balances, RA and RC contracts are non-FBR.

The TIAA-TA holdings within the GSRA, SRA, and RCP contracts contain no liquidity restrictions and are immediately cashable once a participant terminates employment with NPR (unless the holdings are pledged as collateral on a Plan Loan). As a result, GSRAs, SRAs, and RCPs are FBR.

5. Fixed Annuity Contracts with TIAA (Continued)

TIAA (Continued)—There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is supported by the investment performance of a large, diversified portfolio and is adjusted for contract liquidity, but it may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting. The Plan Administrator is not aware of any events that limit the ability of the Plan to transact at contract value with the issuer as the TIAA-TA is fully and unconditionally guaranteed and backed by the claims-paying ability of TIAA.

The contract does not permit TIAA to terminate the agreement prior to the scheduled maturity date.

Principal—Principal offers the Principal Guaranteed Option ("PGO"), which is a guaranteed general account-backed, group annuity contract issued by Principal Life Insurance Company ("Principal Life"). All contributions and transfers to the contract are credited with a guaranteed rate of return ("crediting rate"). The composite crediting rate is determined Principal Life semiannually, and the rate reflects deductions of fees for administrative and recordkeeping services as applicable.

The Principal holdings within the PGO contracts contain no liquidity restrictions and are immediately cashable once a participant terminates employment with NPR. As a result, PGO contracts are FBR.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is supported by the investment performance of a large, diversified portfolio and is adjusted for contract liquidity.

The Plan Administrator is not aware of any events that limit the ability of the Plan to transact at contract value with the issuer as PGO is fully and unconditionally guaranteed and backed by the general account of Principal Life.

TIAA and Principal Contracts—During 2023, the crediting rates for the annuity contracts were:

Annuity Contract	Rates
TIAA	
GSRA FBR annuity contracts	5.25% - 5.75%
RA non-FBR annuity contracts	6% - 6.5%
RC non-FBR annuity contracts	6.25% - 6.75%
RCP FBR annuity contracts	5.5% - 6%
SRA FBR annuity contracts	5.25% - 5.75%
Principal	
Guaranteed Option	6.05%

5. Fixed Annuity Contracts with TIAA (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

6. Pooled Separate Account with TIAA

The TIAA Real Estate Fund ("RE Fund") invests in real estate properties and related estate-related investments. As such, the value of this account is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisers, which are estimates of property values based on a professional's opinion. The account sometimes holds securities as well. These securities are generally priced using values obtained from independent pricing sources. The pooled separate account is stated at fair value as determined in accordance with the policies and procedures reviewed by the RE Fund's Investment Committee of Trustees.

The value of the units held in the pooled separate account is based on the market value of the underlying real estate holdings with TIAA which are valued principally utilizing external appraisals and involve significant judgment.

Further, as the RE Fund generally obtains appraisals on a quarterly basis, there may be circumstances in the period between appraisals or interim valuation adjustments in which the true realizable value of a property is not reflected in the RE Fund's daily NAV calculation or in the RE Fund's periodic financial statements. This disparity may be more apparent when the commercial and residential real estate markets experience an overall and possibly dramatic change in property values in a relatively short period of time between appraisals.

The RE Fund provides participants with a liquidity guarantee enabling the account to have funds available to meet participant redemption, transfer, or cash withdrawals.

TIAA guarantees that participants can redeem their accumulation unit value determined after their transfer or cash withdrawal request is received in good order.

TIAA limits the ability of participants to transfer funds into the RE Account. Specifically, individual participants are limited from making internal transfers into their account if, after giving effect to such transfer, the total value of such participant's account (under all contracts issued to such participant) would exceed $150,000. A participant is not required to reduce his or her contract balance to a level at or below $150,000 if the participant's account totals more than $150,000.

7. Related Party and Party-In-Interest Transactions

The Plan holds investments issued and managed by Principal, TIAA and CREF, and affiliates. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments. Therefore, transactions with Principal and TIAA and CREF qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. Notes receivable from participants are also exempt party-in-interest transactions.

8. Prohibited Transactions

During the year ended December 31, 2022, NPR determined that it failed to segregate and remit in a timely manner certain participant contributions (salary reduction amounts) from 2022 and 2021 in the amounts of $10,811 and $7,141 respectively, from its assets within the required period as specified by the United States Department of Labor (DOL) Reg. 2510.3012. Failure to segregate and remit contributions within the specified period is a prohibited transaction according to the provisions of ERISA and the IRC. In 2023, NPR remitted these contributions to the Plan shortly after the required time frame including the lost earnings associated with the late remittances.

9. Tax Status

The Principal Agreement executed upon the Transition Date is a pre-approved plan document sponsored by Principal. Principal received an opinion letter from the Internal Revenue Service ("IRS"), dated March 31, 2017, which states that the pre-approved plan document, as then designed, satisfies the applicable provisions of the IRC. Although the Plan has been amended since the date of the opinion letter, the Plan Administrator and the Plan's external counsel believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator does not believe its financial statements include any uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Plan Termination

Although it has not expressed any intent to do so, NPR has the right under the Plan to reduce or discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants continue to be 100% vested in their employer contributions.

11. Risks and Uncertainties

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

12. Subsequent Events

The Plan Administrator has evaluated subsequent events and transactions through January 31, 2025, the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

National Public Radio, Inc. Retirement Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 52-0907625
Plan Number: 001

Year ended December 31, 2023

		Total That Constitutes Nonexempt Transactions - $17,952			
Year	Participant Contributions Transferred Late to Plan Check Here if Late Participant Loan Repayments are Included ☐:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP * and PTE ** 2002-51
2021	$ 7,141	$ -	$ 7,141	$ -	$ -
2022	$ 10,811	$ -	$ 10,811	$ -	$ -

*Voluntary Fiduciary Correction Program - VFCP (DOL).
**Prohibited Transaction Exemption

National Public Radio, Inc. Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 52-0907625
Plan Number: 001

December 31, 2023

(a) Party-in-interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Value	(e) Current value
	Mutual funds:			
	Capital Research and Mgmt. Co.	American Funds EuroPacific Growth R6 Fund	**	$ 3,286,958
	Capital Research and Mgmt. Co.	American Funds Washington Mutual Investors R6 Fund	**	7,629,421
	Robert W. Baird & Co. Inc.	Baird Core Plus Bond I Fund	**	1,839,514
	JP Morgan Investment Mgmt. Inc.	JP Morgan Small Cap Equity I Fund	**	2,799,431
	T. Rowe Price Associates, Inc.	T. Rowe Price Growth Stock Fund	**	4,068,201
	Vanguard Group	Vanguard Extended Market Index Fund Inst Fund	**	7,867,238
	Vanguard Group	Vanguard FTSE Social Index Admiral Fund	**	4,735,375
	Vanguard Group	Vanguard Inflation-Protected Securities Admiral Fund	**	1,499,127
	Vanguard Group	Vanguard Institutional Index Institutional Fund	**	17,604,427
	Vanguard Group	Vanguard Target Retirement 2020 Inv Fund	**	12,378,971
	Vanguard Group	Vanguard Target Retirement 2025 Inv Fund	**	23,248,827
	Vanguard Group	Vanguard Target Retirement 2030 Inv Fund	**	32,178,134
	Vanguard Group	Vanguard Target Retirement 2035 Inv Fund	**	24,266,069
	Vanguard Group	Vanguard Target Retirement 2040 Inv Fund	**	22,665,805
	Vanguard Group	Vanguard Target Retirement 2045 Inv Fund	**	20,550,660
	Vanguard Group	Vanguard Target Retirement 2050 Inv Fund	**	18,313,304
	Vanguard Group	Vanguard Target Retirement 2055 Inv Fund	**	14,137,794
	Vanguard Group	Vanguard Target Retirement 2060 Inv Fund	**	3,931,352
	Vanguard Group	Vanguard Target Retirement 2065 Inv Fund	**	473,146
	Vanguard Group	Vanguard Target Retirement 2070 Inv Fund	**	123,351
	Vanguard Group	Institutional Target Retirement Income Inv Fund	**	8,629,473
	Vanguard Group	Vanguard Total Bond Market Index Institutional Fund	**	5,009,216
	Vanguard Group	Vanguard Total International Stock Index Institutional Fund	**	6,218,138
	Total mutual funds			243,453,932
	CREF registered investment companies:			
*	CREF	Stock Account R2 (Variable Annuity)	**	36,683,955
*	CREF	Growth Account R2 (Variable Annuity)	**	7,303,900
*	CREF	Social Choice Account R2 (Variable Annuity)	**	5,039,757
*	CREF	Inflation-Linked Bond Account R2 (Variable Annuity)	**	3,806,140
*	CREF	Global Equities Account R2 (Variable Annuity)	**	3,924,365
*	CREF	Money Market Account R2 (Variable Annuity)	**	3,719,547
*	CREF	Equity Index Account R2 (Variable Annuity)	**	3,919,596
*	CREF	Bond Market Account R2 (Variable Annuity)	**	1,434,977
	Total CREF registered investment companies			65,832,237
	Non-fully benefit-responsive:			
*	TIAA	Traditional Fixed Annuity Contracts	**	39,916,851
	Pooled separate account:			
*	TIAA	Real estate account	**	6,685,406
	Self-directed brokerage accounts:			
*	TIAA	Self-directed brokerage accounts	**	2,568,234
	Fully benefit-responsive:			
*	Principal	Principal Guaranteed Option	**	2,437,533
*	TIAA	Traditional Fixed Annuity Contracts	**	21,442,406
	Total investments per the financial statements			382,336,599
*	Participant loans	Interest rates ranging from 4.25% to 9.50%, maturing at dates thru June 2032		1,068,912
	Total investments per the Form 5500			$ 383,405,511

*Party-in-interest as defined by ERISA.
**The cost of participant-directed investments is not required to be disclosed.

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N P R, I. R P

EIN 52 0907625
PLAN NUMBER 001
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company AM FDS EUROPACIFIC GRTH R6 FD	$ 0.00	$ 3,286,957.17
	The American Funds	Registered Investment Company AMERICAN FDS WSHMUT INV R6 FD	$ 0.00	$ 7,629,420.28
	Baird	Registered Investment Company BAIRD CORE PLUS BOND I FUND	$ 0.00	$ 1,839,513.70
	103056 - National Public Radio	Registered Investment Company CREF CORE BOND R2 CR	$ 0.00	$ 1,434,978.00
	103056 - National Public Radio	Registered Investment Company CREF EQUITY INDEX R2 CY	$ 0.00	$ 3,919,596.00
	103056 - National Public Radio	Registered Investment Company CREF GLOBAL EQUITIES R2 CT	$ 0.00	$ 3,924,365.00
	103056 - National Public Radio	Registered Investment Company CREF GROWTH R2 CU	$ 0.00	$ 7,303,900.00
	103056 - National Public Radio	Registered Investment Company CREF INFLATION-LINKED BOND R2 CW	$ 0.00	$ 3,806,140.00
	103056 - National Public Radio	Registered Investment Company CREF MONEY MARKET R2 CP	$ 0.00	$ 3,719,547.00
	103056 - National Public Radio	Registered Investment Company CREF SOCIAL CHOICE R2 CQ	$ 0.00	$ 5,039,757.00
	103056 - National Public Radio	Registered Investment Company CREF STOCK R2 CO	$ 0.00	$ 36,683,955.00
	JP Morgan Funds	Registered Investment Company JP MORGAN SM CP EQ I FD	$ 0.00	$ 2,799,431.28
	103056 - National Public Radio	Pooled Separate Accounts Plan Loan Default Fund 98	$ 0.00	$ 157,540.00
	103056 - National Public Radio	Registered Investment Company PARTICIPANT LOAN FUND 90	$ 0.00	$ 20,447.00
*	Principal Life Insurance Company	Insurance Company General PRINCIPAL GUARANTEED OPTION	$ 0.00	$ 2,437,533.09

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N P R, I. R P

EIN 52 0907625
PLAN NUMBER 001
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Schwab Funds	Brokerage Account SELF-DIRECTED BROKERAGE ACCT	$ 0.00	$ 2,568,233.59
	T. Rowe Price Funds	Registered Investment Company T ROWE PRICE GROWTH STK FUND	$ 0.00	$ 4,068,201.57
	Transfer Business	Registered Investment Company Transfer Business	$ 0.00	$130,849,266.49
	TIAA-CREF	Pooled Separate Accounts TIAA Real Estate	$ 0.00	$ 7,648,195.67
	103056 - National Public Radio	Pooled Separate Accounts TIAA Traditional Benefit Responsive 2 BR	$ 0.00	$ 4,396,283.00
	103056 - National Public Radio	Registered Investment Company TIAA REAL ESTATE X1	$ 0.00	$ 6,685,406.00
	103056 - National Public Radio	Pooled Separate Accounts TIAA TRADITIONAL BENEFIT RESPONSIVE BR1	$ 0.00	$ 16,888,583.00
	103056 - National Public Radio	Pooled Separate Accounts TIAA TRADITIONAL NON BENEFIT RESPONSIVE	$ 0.00	$ 36,602,029.00
	103056 - National Public Radio	Pooled Separate Accounts TIAA TRADITIONAL NON BENEFIT RESPONSIVE	$ 0.00	$ 3,314,822.00
	Vanguard Group	Registered Investment Company VANGUARD EXT MK INDEX INST FD	$ 0.00	$ 7,867,237.20
	Vanguard Group	Registered Investment Company VANGUARD FTSE SOC IDX ADM FD	$ 0.00	$ 4,735,374.73
	Vanguard Group	Registered Investment Company VANGUARD INSTL IDX INSTL FUND	$ 0.00	$ 17,604,424.28
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT INC INV FUND	$ 0.00	$ 8,629,472.49
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2020 INV FUND	$ 0.00	$ 12,378,970.22
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2025 INV FUND	$ 0.00	$ 23,248,826.86

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N P R, I. R P

EIN 52 0907625
PLAN NUMBER 001
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2030 INV FUND	$ 0.00	$ 32,178,134.95
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2035 INV FUND	$ 0.00	$ 24,266,069.29
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2040 INV FUND	$ 0.00	$ 22,665,805.28
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2045 INV FUND	$ 0.00	$ 20,550,660.14
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2050 INV FUND	$ 0.00	$ 18,313,303.55
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2055 INV FUND	$ 0.00	$ 14,137,793.48
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2060 INV FUND	$ 0.00	$ 3,931,352.17
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2065 INV FUND	$ 0.00	$ 473,145.56
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2070 INV FUND	$ 0.00	$ 123,351.14
	Vanguard Group	Registered Investment Company VANGUARD TTL BD MKT IDX INST	$ 0.00	$ 5,009,215.88
	Vanguard Group	Registered Investment Company VGD INFL-PROT SEC ADM FUND	$ 0.00	$ 1,499,126.67
	Vanguard Group	Registered Investment Company VGD TTL INTL STK IDX INST FUND	$ 0.00	$ 6,218,142.98
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.50%	$ 0.00	$ 1,048,465.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

National Public Radio, Inc. Retirement Plan
EIN: 52-0907625, Plan number 001

Pursuant to an approved extension request, the National Public Radio, Inc. Retirement Plan ("Plan") is timely filing its Federal Form 5500 for the year ended December 31, 2023, without the Plan's audited financial statements. The Plan's independent auditor has not yet completed its test work and therefore cannot issue its report. The Plan Administrator and service providers are closely working with the Plan's independent auditor to obtain the requisite information and complete the audit. The Plan expects to file an amended Form 5500 that will include the Plan's audited financial statements within forty-five (45) days.