Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

	ck ıf ap	plicable C Name of organization NEW YORK PUBLIC RADIO	D Emplo	yer ide	ntification number
, Add	ress cha		_	01523	
┌ Nan	ne chan	Doing Business As ige	E Teleph	none nu	Imper
┌ Inıtı	al retur	Number and street (or P O box if mail is not delivered to street address) Room/suit	-	829-4	
<b>Г</b> Теп	nınated	160 WADICK STREET	<b>G</b> Gross	receipts	\$ 55,377,786
┌ Ame	ended r	eturn City or town, state or country, and ZIP + 4	-		
☐ App	lication	NEW YORK, NY 10013 pending			
		F Name and address of principal officer			
		LAURA R WALKER	H(a) Is this a group affiliates?	returr	Yes V No
		160 VARICK STREET			
		NEWYORK, NY 10013	H(b) Are all affiliates		·
Tax	-exem	pt status	If "No," attach <b>H(c)</b> Group exemp		(see instructions) mber <b>►</b>
J W	ebsit e	:► WWW NYPUBLICRADIO ORG			
<b>K</b> Form	of org	anization	L Year of formation 19	979 <b>M</b>	State of legal domicile NY
Pai	τI	Summary	•	•	
Governance	Т	riefly describe the organization's mission or most significant activities O MAKE THE MIND MORE CURIOUS, THE HEART MORE TOLERANT, AND T EXCELLENT RADIO PROGRAMMING	HE SPIRIT MORE JO	YFUL	THROUGH
30Ve	<b>2</b> C	heck this box 🔭 if the organization discontinued its operations or disposed of	more than 25% of its	netas	ssets
ე ჯ	<b>3</b> N	lumber of voting members of the governing body (Part VI, line 1a)		з	35
8	<b>4</b> N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	34
₽	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a) .			
2				5	515
4ctiv		otal number of volunteers (estimate if necessary)		5 6	
Activ	<b>6</b> T			$\vdash$	141
Activ	6 ⊤ 7a⊤	otal number of volunteers (estimate if necessary)		6	141 863,764
Activities &	6 ⊤ 7a⊤	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12	Prior Year	6 7a	141 863,764
	6 ⊤ 7a⊤	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		6 7a 7b	141 863,764 -102,588 Current Year
,   	6 T 7a T b N	otal number of volunteers (estimate if necessary)  otal unrelated business revenue from Part VIII, column (C), line 12  let unrelated business taxable income from Form 990-T, line 34	Prior Year	6 7a 7b	141 863,764 -102,588 <b>Current Year</b> 49,360,356
, <u> </u>	6 T 7a T b N	Contributions and grants (Part VIII, line 1h)	Prior Year 46,811, 6,667,	6 7a 7b	141 863,764 -102,588 <b>Current Year</b> 49,360,356 5,348,762
	6 T 7a T b N  8 9 10 11	otal number of volunteers (estimate if necessary)  otal unrelated business revenue from Part VIII, column (C), line 12  let unrelated business taxable income from Form 990-T, line 34  Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year 46,811, 6,667,	6 7a 7b .504 .186	141 863,764 -102,588 <b>Current Year</b> 49,360,356 5,348,762
, <u> </u>	6 T 7a T b N	otal number of volunteers (estimate if necessary)	Prior Year 46,811, 6,667,	504 186 195	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587
,   	6 T 7a T b N  8 9 10 11	Total number of volunteers (estimate if necessary)	Prior Year 46,811, 6,667, 30,	504 186 195	515 141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073
,   	6 T 7a T b N  8 9 10 11	otal number of volunteers (estimate if necessary)	Prior Year 46,811, 6,667, 30,	6 7a 7b	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073
Revenue	6 T 7a T b N  8 9 10 11 12	Total number of volunteers (estimate if necessary)	Prior Year  46,811, 6,667, 30, -60, 53,448,	6 7a 7b 504 186 195 000 885 0	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073
Revenue	6 T 7a T b N  8 9 10 11 12 13 14	otal number of volunteers (estimate if necessary)	Prior Year  46,811, 6,667, 30, -60, 53,448,	6 7a 7b .504 .186 .195 .000 .885 .0	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891
Revenue	6 T 7a T b N  8 9 10 11 12 13 14 15	Total number of volunteers (estimate if necessary)	Prior Year  46,811, 6,667, 30, -60, 53,448,	6 7a 7b .504 .186 .195 .000 .885 .0	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891
, <u> </u>	6 T 7a T b N 8 9 10 11 12 13 14 15 16a	Total number of volunteers (estimate if necessary)	Prior Year  46,811, 6,667, 30, -60, 53,448,	6 7a 7b .504 .186 .195 .000 .885 .0 .0 .0 .844 .215	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891 575,559
Revenue	6 T 7a T b N  8 9 10 11 12 13 14 15 16a b	Total number of volunteers (estimate if necessary)	Prior Year  46,811, 6,667, 30, -60, 53,448,	6 7a 7b 504 186 195 000 885 0 0 844 215 399	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891 575,559
Revenue	6 T 7a T b N  8 9 10 11 12 13 14 15 16a b 17	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12  Let unrelated business taxable income from Form 990-T, line 34  Contributions and grants (Part VIII, line 1h)	Prior Year  46,811, 6,667, 30, -60, 53,448,	6 7a 7b 504 186 195 000 0 885 0 0 0 844 215 399 458	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891 575,559 24,781,039 58,266,489
Expenses Revenue	6 T 7a T b N  8 9 10 11 12 13 14 15 16a b 17 18	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12  Let unrelated business taxable income from Form 990-T, line 34  Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year  46,811, 6,667, 30, -60, 53,448,  29,874, 682, 52,839, 609, Beginning of Curre	6 7a 7b	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891 575,559 24,781,039 58,266,489
Expenses Revenue	6 T 7a T b N  8 9 10 11 12 13 14 15 16a b 17 18	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12  Let unrelated business taxable income from Form 990-T, line 34  Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year  46,811, 6,667, 30, -60, 53,448,  29,874, 682, 22,282, 52,839, 609,	6 7a 7b 504 186 195 0000 885 0 0 844 215	141 863,764 -102,588  Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891 575,559 24,781,039 58,266,489 -3,456,416  End of Year
Expenses Revenue	6 T 7a T b N  8 9 10 11 12 13 14 15 16a b 17 18 19	Total number of volunteers (estimate if necessary)	Prior Year  46,811, 6,667, 30, -60, 53,448,  29,874, 682,  22,282, 52,839, 609, Beginning of Currey	6 7a 7b	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891 575,559 24,781,039 58,266,489 -3,456,416 End of Year 117,720,987
Revenue	6 T 7a T b N  8 9 10 11 12  13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h)	Prior Year  46,811, 6,667, 30, -60, 53,448,  29,874, 682,  22,282, 52,839, 609, Beginning of Currer Year  117,870,	6 7a 7b 504 186 195 000 0 885 0 0 0 844 215 399 458 427 ent 919 702	141 863,764 -102,588 Current Year 49,360,356 5,348,762 185,542 -84,587 54,810,073 0 0 32,909,891 575,559 24,781,039 58,266,489 -3,456,416

May the IRS discuss this return with the preparer shown above? (see instructio

New York, NY 101540102

Pa	Statement of I Check if Schedule			<b>lishments</b> Jestion in this Part III		
1	Briefly describe the orga	nızatıon's mıssıor	1			
	MAKE THE MIND MORE C GRAMMING	URIOUS, THE HE	ART MORE TO	LERANT, AND THE	SPIRIT MORE JOYFUL TH	ROUGH EXCELLENT RADIO
2	Did the organization unde the prior Form 990 or 990		ant program se	rvices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	ew services on S	chedule O			
3	Did the organization ceas		make sıgnıfıcar	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Sched	ule O			
4	expenses Section 501(c	)(3) and 501(c)(4	l) organizations	and section 4947(a)	rree largest program servic ((1) trusts are required to r ch program service reporte	eport the amount of
	(Code	) (Expenses \$	34,345,818	ıncludıng grants of \$	) (Revenue \$	5,348,762 )
	SEE SCHEDULE O					
	(Code	) (Expenses \$	4,771,994	ıncludıng grants of \$	) (Revenue \$	)
		WQXR FM, WWW WQ	XR ORG, AND THE	JEROME L GREENE PERF	ORMANCE SPACE ENGINEERING	G, WNJT FM, WNJP FM, WNJY FM, OF ALL RADIO, DIGITAL AND LIVE
	(Code	) (Expenses \$	2,976,502	ıncludıng grants of \$	) (Revenue \$	)
	AND WQXR, INCLUDING NEW GREENE PERFORMANCE SPACE	S, CULTURAL, AND M CE THE COMMUNITY GAGE CITIZENS IN AN	USIC RADIO PROG ENGAGEMENT DEF	RAMMING, ORIGINAL ONLI PARTMENT IS DEVOTED TO	REACHING OUT TO ALL COMMUN	OF LIVE EVENTS IN THE JEROME L
	Other program services	(Describe in Sch	nedule O )			
	(Expenses \$	ınc	ludıng grants o	f \$	) (Revenue \$	)
4e	Total program service ex	cpenses <b>►</b> \$	42,094,31	4		

Part IV	Check	dist of	Required	Schedules

	enecknot or kequires concusion		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a		14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<sup>In</sup> <b>21</b>		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25		Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	. 24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction will a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	th <b>25a</b>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? I "Yes," complete Schedule L, Part I	f 25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, of disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substant contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	1al <b>27</b>		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part I instructions for applicable filing thresholds, conditions, and exceptions)	V		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) wa an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13	) <sup>?</sup> 35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19	7 38	Yes	

Part V	Statements	Regarding	Other	<b>IRS</b>	Filings	and	Tax	Compliance

	Check it Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 218			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand  13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI  $\,$  .  $\,$  .  $\,$  .  $\,$  .

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Id	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	6		Νο	
7a	7a		No	
b	more members of the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			Ι
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νο
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	1		
17	List the States with which a copy of this Form 990 is required to be filed ►CA , CT , FL , MA , NJ , NY , PA			

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MICHELE RUSNAK 160 VARICK STREET NEW YORK, NY 10013 (646) 829-4400

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

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

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

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

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

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Individual						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table	schedule O)	Individual trusties or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er ar	e bo is b nda	x, oth )		(D) Reportab compensa from the organization 2/1099-M	tion ≘ n (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			MISC)		reiat organiza		
See A	ddıtıonal Data Table														
												_			
												4			
												_			
												$\bot$			
1b c	Sub-Total	to Part VII, Sec	tion A	· ·	<u>.</u>	<u> </u>		<u> </u>							
d								<b>F</b>	3,55	9,288		0		388,777	
2	Total number of individuals (incl \$100,000 of reportable compen						above	) who	o received mo	re tha	n				
											_		Yes	No	
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> " <i>Yes," complete Sci</i>				e, k	еу е •	mploy •	ee, c	or highest cor	npens •	ated employee • • •	3		No	
4	For any individual listed on line in organization and related organization individual											4	Yes		
5	Did any person listed on line 1a services rendered to the organiz											5		No	
	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio													
	·	(A) me and business add	dress							Descr	(B) uption of services		(C Comper		
SEE S	CHEDULE O														
	Total number of independent cont											$\perp$			

\$100,000 of compensation from the organization  $\blacktriangleright$ 23

Form 99			f Davison					Page <b>9</b>
		Statement of	or Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
芸芸	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
S,€	c	Fundraising eve	ents <b>1c</b>	859,410				
<u>₩</u>	d	Related organiz	rations 1d					
ž,	e	Government grants	s (contributions) <b>1e</b>	998,254				
ai ۲°s	f	All other contribution	ons, gifts, grants, and <b>1f</b>	47,502,692				
έ¥	g	Noncash contri	butions included in					
ξŽ		lines 1a-1f \$	.058,359					
ठॅ ह	h	Total. Add lines	s 1a-1f	🏲	49,360,356			
g.				Business Code				
eun	2a	REVENUES FROM ( AGREEMENT	COLLABORATIVE	515100	1,513,940	1,513,940		
9 <u>2</u>	ь	PRODUCTION		515100	1,660,357	1,660,357		
93	c c	COMM AFFAIRS / F	PROGRAMMING	900004	58,482	58,482		
Š. Š	d	MISCELLANEOUS IN	NCOME	900099	1,149,882	1,149,882		
رن ت	e	TAXABLE UNDERWI	RITING	900004	966,101	, ,	966,101	
in a	f	All other progra	am service revenue	10000				
Program Service Revenue								
	g		s 2a-2f		5,348,762			
	3		ome (including dividend	F	185,542		149	185,393
	and other similar amounts)  4 Income from investment of tax-exempt bond proceed				0		213	100,000
	5	Royalties			19,225		6,898	12,327
		,	(ı) Real	(II) Personal				
	6a	Gross rents	151,623	2,375				
	ь	Less rental expenses	255,521	7,861				
	c	Rental income	-103,898	-5,486				
	d	or (loss) Net rental incor	me or (loss)		-109,384		-109,384	
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	Ь	Less cost or other basis and sales expenses						
	C	Gain or (loss)						
	d		s)	▶	0			
Other Revenue	8a	¥	luding ,410 s reported on line 1c)					
<u>.</u>			а	304,331				
ŧ	Ь		penses <b>b</b>	304,331	_			
O	C On		loss) from fundraising	events 📴   	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b		penses b	<u> </u>	0			
	10a	Gross sales of returns and allo		vities	0			
	b c		a  oods sold b  (loss) from sales of inve	entory <b>&gt;</b>	O			
	<u> </u>	Miscellaneous		Business Code				
	11a	OTHERINCOM		900099	5,572			5,572
	ь		· <del>-</del>					
			<del></del>					
	d	All other revenu	ue					
	e	Total. Add lines						
	12			· · · · •	5,572			
	] **	iotal levenue.	See Instructions	[	54,810,073	4,382,661	863,764	203,292

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	heck if Schedule O contains a response to any question in this Part IX of include amounts reported on lines 6b, of, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,889,874	2,103,715	391,609	394,550
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	24,585,929	18,662,284	1,250,354	4,673,291
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	492,102	314,272	72,853	104,977
9	Other employee benefits	3,042,812	2,262,098	283,230	497,484
10	Payroll taxes	1,899,174	1,405,982	167,474	325,718
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	276,980	55,925	221,055	_
c	Accounting	226,741	179,721	16,096	30,924
d	Lobbying	60,095			60,095
e	Professional fundraising See Part IV, line 17	575,559			575,559
f	Investment management fees	200,000		200,000	
g	Other	2,999,524	2,353,248	520,328	125,948
12	Advertising and promotion	1,862,683	1,175,635	38,756	648,292
13	Office expenses	1,039,050	800,398	86,095	152,557
14	Information technology	595,033	254,399	69,237	271,397
15	Royalties	0			
16	Occupancy	4,034,281	3,547,213	171,420	315,648
17	Travel	661,315	582,815	36,041	42,459
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	288,406	160,650	33,750	94,006
20	Interest	502,904		502,904	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,268,548	2,589,671	232,393	446,484
23	Insurance	212,817	167,820	16,804	28,193
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROGRAM ACQUISITION	5,478,074	5,478,074		
ь	MEMBERSHIP SERVICES	2,470,936	394		2,470,542
c	FINANCING COSTS	195,740		195,740	
d	BAD DEBT	407,912		407,912	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	58,266,489	42,094,314	4,914,051	11,258,124
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	612,653	1	172,662
	2	Savings and temporary cash investments	29,821,212	2	22,356,559
	3	Pledges and grants receivable, net	11,968,170	3	9,767,222
	4	Accounts receivable, net	2,542,958	4	3,237,280
	5	Receivables from current and former officers, directors, trustees, key employee highest compensated employees Complete Part II of	s, and		_
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(100000000000000000000000000000000000$	.)) and		
ø		Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
8	8	Inventories for sale or use	0	8	0
•	9	Prepaid expenses and deferred charges	5,553,975	9	755,454
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a	2,586,119		
	ь	Less accumulated depreciation 10b 16	5,130,607 28,483,479	10c	26,455,512
	11	Investments—publicly traded securities	11,257,230	11	12,726,290
	12	Investments—other securities See Part IV, line 11	1,032,890	12	12,820,702
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	26,598,352	15	29,429,306
	16	Total assets. Add lines 1 through 15 (must equal line 34)	117,870,919	16	117,720,987
	17	Accounts payable and accrued expenses .	10,654,796	17	11,871,385
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	15,920,000	20	15,145,000
Ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>,ē</u>		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,214,906	25	6,736,482
	26	Total liabilities. Add lines 17 through 25	29,789,702		33,752,867
٠ د		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			<u> </u>
Balance	27	Unrestricted net assets	76,034,152	27	74,889,430
<u> </u>	28	Temporarily restricted net assets	11,693,160	28	8,729,022
ē	29	Permanently restricted net assets	353,905	29	349,668
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
S 0.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ΑS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	88,081,217	-	83,968,120
Ż	34	Total liabilities and net assets/fund balances	117,870,919	$\vdash$	117,720,987
		,,,	1,		

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54.8	310,073
2	Total expenses (must equal Part IX, column (A), line 25)	2			266,489
3	Revenue less expenses Subtract line 2 from line 1	3		- 3,4	156,416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		88,0	81,217
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 6	56,68
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		83,9	968,120
Pai	Tt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

h

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization NEW YORK PUBLIC RADIO

B/A	WNYC	RADIO WQXR AND NJ PUBLIC RADIO   13-3015230			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instru	ıctıons		
he d	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box )			
1	$\sqcap$	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )			
3	Γ	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A</b> hospital's name, city, and state	a)(iii). Ente	r the	
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental u	nıt describe	_ ed in	
		section 170(b)(1)(A)(iv). (Complete Part II )			
6	Γ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>			
7	⊽	An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi) (Complete Part II)	the general	public	
8	Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )			
9	Ė	An organization that normally receives (1) more than 331/3% of its support from contributions, members	hip fees, a	nd aros	ss
_	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more the		-	
		its support from gross investment income and unrelated business taxable income (less section 511 tax)			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )			
0	Г	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>			
1	r	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to ca one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See set the box that describes the type of supporting organization and complete lines 11e through 11h	•	a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•	-	
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III s check this box	upporting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11a(iii)		i

(i) Name of supported organization	(ii) EIN	(iii)  Type of  organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	under Part III. If th	he organization	fails to qualify ι	inder the tests	listed below, ple	ease complete	Part III.)
	ection A. Public Support	ı	1			ſ	
Cale	endar year (or fiscal year beginning in)	g (a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	ot 41,180,56	4 50,033,877	49,488,043	46,811,504	49,360,356	236,874,344
3	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit						
	to the organization without charge	1,908,83	5 0	0	0	0	1,908,835
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	43,089,39	9 50,033,877	49,488,043	46,811,504	49,360,356	238,783,179
-	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,188,843
6	Public Support. Subtract line 5 from line 4						232,594,336
	ection B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	<b>(f)</b> Total
7	A mounts from line 4	43,089,399	50,033,877	49,488,043	46,811,504	49,360,356	238,783,179
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,132,303	311,880	56,965	69,944	203,599	1,774,691
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	0	0	0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	<b>Total support</b> (Add lines 7 through 10)						240,557,870
12	Gross receipts from related activi	ities, etc (See ins	tructions )			12	
13	First Five Years If the Form 990 is check this box and stop here	s for the organızat	ion's first, second	, thırd, fourth, or f	ıfth tax year as a	501(c)(3) organı	zation, ►
S	ection C. Computation of Pu	ublic Support I	Percentage				
14	Public Support Percentage for 20			11 column (f))		14	96 690 %
15	Public Support Percentage for 20	10 Schedule A, Pa	art II, line 14			15	96 320 %
16a	33 1/3% support test-2011. If the				ine <b>14</b> is 33 1/3%	or more, check t	_
ь	and stop here. The organization q 33 1/3% support test—2010. If the	ne organization did	not check the bo	x on line 13 or 16	a, and line 15 is 3	3 3 1/3% or more,	· —
17a	box and <b>stop here.</b> The organizati <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization m	st— <b>2011.</b> If the org zation meets the "	janization did not o facts and circums	check a box on lin tances" test, che	ck this box and <b>st</b>	<b>op here.</b> Explain	<b>►</b>   ted
ь	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the org	s <b>t—2010.</b> If the org anization meets th	janization did not o ne "facts and circu	check a box on lin mstances" test, o	ie 13, 16a, 16b, o check this box and	r 17a and line d <b>stop here.</b>	<b>▶</b> ┌
18	Explain in Part IV how the organize supported organization  Private Foundation If the organize instructions						►□ ►□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493130019233

### OMB No 1545-0047

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

in opposition to candidates for public office in Part IV

Name of the organizati	on		
NEW YORK PUBLIC RADIO			
D/B/A WNYC RADIO WOXR	AND NJ	PUBLIC	RADIO

Employer identification number

13-3015230

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization
---

- Political expenditures Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
  - Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? ┌ No
- If "Yes," describe in Part IV

### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 4 Did the filing organization file Form 1120-POL for this year? ┌ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
- organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

(.	······································	ı uç
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	(election
	under section 501(h)).	

Α	Check	$\Box$	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)
В	Check	Г	if the filing organization checked box A and "limited control" provisions apply

В	Check   If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying I (The term "expenditures" means a		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public (	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	63,597		
c	Total lobbying expenditures (add lines 1a and 1	b)	63,597	
d	Other exempt purpose expenditures	42,297,600		
e	Total exempt purpose expenditures (add lines 1	42,361,197		
f	Lobbying nontaxable amount Enter the amount columns	1,000,000		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	250,000		
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente			

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period												
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	<b>(e)</b> Total							
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000							
b	Lobbying ceiling amount (150% ofline 2a, column(e))					6,000,000							
c	Total lobbying expenditures	78,430	84,060	81,668	63,597	307,755							
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000							
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000							
f	Grassroots lobbying expenditures	0	0	0	0	0							

	om 550 or 550 LL/L011		rage
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		
		(2)	(h)

	(election under section 501(n)).	(a	1)	(b)		
		Yes	No	,	\ moui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	rs	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".  Dues, assessments and similar amounts from members				ectio	n 
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	-				
2	expenses for which the section 527(f) tax was paid).	_				
	Current year	2a				
	Carryover from last year	2b				
	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
D.	art IV Supplemental Information					

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

Return Reference Explanation Ident if ier

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DLN: 93493130019233

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

iterna	al Revenue Service	► Attach	to Form 990. ► See separate instructions.		Inspection
	me of the organiz			Emplo	yer identification number
	W YORK PUBLIC RAD: B/A WNYC RADIO WQ	IO XR AND NJ PUBLIC RADIO		13-30	015230
Pa			or Advised Funds or Other Similar Fu		
	organız	ation answered "Yes" to Forr	,		
			(a) Donor advised funds	(В	) Funds and other accounts
1	Total number at	·			
2		ributions to (during year)			
3		ts from (during year)			
4	Aggregate value	·			
5			advisors in writing that the assets held in done the organization's exclusive legal control?	or advis	ed <b>┌Yes ┌No</b>
6	_		, and donor advisors in writing that grant funds e benefit of the donor or donor advisor, or for an		nurnosa
		rmissible private benefit	e benefit of the donor of donor advisor, or for all	iy other	Yes No
Pa			lete if the organization answered "Yes" to	Form	990, Part IV, line 7.
1	Purpose(s) of c	onservation easements held by t	the organization (check all that apply)		
	Preservation	on of land for public use (e g , rec			ally importantly land area
	Protection	of natural habitat	Preservation of a c	ertified	historic structure
	☐ Preservation	on of open space			
2	•	2a-2d if the organization held a le last day of the tax year	qualified conservation contribution in the form	of a cor	ıservatıon
					Held at the End of the Year
а	Total number of	f conservation easements		2a	
b	Total acreage r	estricted by conservation easem	nents	2b	
c	Number of cons	ervation easements on a certifie	ed historic structure included in (a)	2c	
d	Number of cons	servation easements included in (	(c) acquired after 8/17/06	2d	
3	Number of cons	ervation easements modified, tra	ansferred, released, extinguished, or terminate	d by the	organization during
	the taxable yea	r <b>►</b>			
4	Number of state	es where property subject to con-	servation easement is located 🕨		
5		ization have a written policy rega the conservation easements it h	arding the periodic monitoring, inspection, hand olds?	lling of v	riolations, and Yes No
6	Staff and volunt	teer hours devoted to monitoring,	, inspecting and enforcing conservation easem	ents dui	ring the year ▶
7	A mount of expe	nses incurred in monitoring, insp	pecting, and enforcing conservation easements	during	the year
	<b>►</b> \$				
8		servation easement reported on l and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tıon	┌ Yes
9	balance sheet,	<del>-</del>	rts conservation easements in its revenue and kt of the footnote to the organization's financial asements		•
Par	r <b>t IIII</b> Organi	zations Maintaining Colle	ections of Art, Historical Treasures, or red "Yes" to Form 990, Part IV, line 8.	or Oth	er Similar Assets.
1a	If the organizat art, historical ti	ion elected, as permitted under S reasures, or other similar assets	SFAS 116, not to report in its revenue stateme held for public exhibition, education or researc its financial statements that describes these it	h in furt	
b	historical treas		SFAS 116, to report in its revenue statement a d for public exhibition, education, or research ir items		
	(i) Revenues in	ncluded in Form 990, Part VIII, li	ine 1		<b>►</b> \$
	(ii) Assets incl	uded in Form 990, Part X			<b>-</b> \$
2			historical treasures, or other similar assets fo SFAS 116 relating to these items	r financ	al gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	storic	<u>al Tr</u>	easur	es, or Ot	<u>the</u>	<u>r Similaı</u>	Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	owing t	hat are	a sıgnıfıca	nt u	se of its co	llectio	n	
а	Public exhibition		d	$\Gamma$	Loan	orexcha	ange progra	ams				
b	Scholarly research		e	$\Gamma$	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	furthe	r the or	ganızatıon'	sex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	Г No
Par	Part IV, line 9, or reported an an	ements. Compl	ete ıf	the c	organi	zatıon			es" to For	m 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	forco	ntribut	tions or	other asse	ets r	not	Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	ble		Г			A mou	ınt	
С	Beginning balance						-	1c				
d	Additions during the year		1d									
e	Distributions during the year						F	1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X lin	o 212				<u> </u>				Yes	
	If "Yes," explain the arrangement in Part XIV		621.							,	103	, 140
	rt V Endowment Funds. Complete		n ans	WATA	d "Vos	s" to Fo	orm 990	Dar	t IV line	10		
Гα	Endowment i unus. Complete	(a)Current Year		Prior Y			Years Back		Three Years I		e)Four Y	ears Back
1a	Beginning of year balance	353,905			250,000	. ,	250,000	<del></del>		,000		
b	Contributions			1	.00,000							
c	Investment earnings or losses	2,347			8,696		73					
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses	6,584			4,791		73					
g	End of year balance	349,668		3	353,905		250,000		250	,000		
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	0 %										
ь	Permanent endowment 🕨 100 000 %											
с	Term endowment ► 0 %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	l and ad	mınıstered	for	the			
	organization by										Yes	No
	(i) unrelated organizations							•		3a(i)		No
_	(ii) related organizations									3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio							٠		3b		<u> </u>
4	Describe in Part XIV the intended uses of th					0						
Par	t VI Land, Buildings, and Equipme	ent. See Form 95	70, Pc							T		
	Description of property				Cost or o		<b>(b)</b> Cost or oth basıs (other		(c) Accumu depreciat		( <b>d)</b> Bo	ok value
1a	Land		•							ļ		
b	Buildings		•									
С	Leasehold improvements		•				23,645,	557	4,96	50,611	1	8,684,946
d	Equipment						14,879,	001	8,72	24,255		6,154,746
	Other						4,061,	561	2,44	15,741		1,615,820
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B,	), line .	10(c).)				•		2	6,455,512
									Sched	ule D (	Form 9	90) 2011

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12	••	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of elia-o	i-year market value
(2)Closely-held equity interests			
(3)Other			
(A) EQUITY	2,245,313		F
(B) GLOBAL EQUITY	2,168,889		F
(C) EMERGING MARKETS	651,541		F
(D) HEDGE FUNDS	5,609,261		F
(E) INFLATION HEDGING	1,356,277		F
(F) FIXED INCOME	789,421		F
	,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See	12,820,702	3	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	<u>l                                    </u>		
(a) Descrip			(b) Book value
(1) FCC LICENSE			28,802,254
(2) OTHER ASSETS			627,052
Takel (Calumen (b) abouted agreed Forms 000 Port V and (B) line 1	<i>T</i> \		20.420.206
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 19 <b>Part X</b> Other Liabilities. See Form 990, Part X		<u> </u>	29,429,306
1 (a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes	0		
FAIR VALUE OF SWAP	2,461,740		
REFUNDABLE ADVANCE	1,000,000		
OTHER LIABILITIES	3,274,742		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	6,736,482		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	54,810,073
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	58,266,489
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,456,416
4	Net unrealized gains (losses) on investments	4	258,315
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-914,996
9	Total adjustments (net) Add lines 4 - 8	9	-656,681
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,113,097
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	55,341,530
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 9,760		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 263,382		
e	Add lines <b>2a</b> through <b>2d</b>	2e	531,457
3	Subtract line <b>2e</b> from line <b>1</b>	3	54,810,073
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	54,810,073
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	58,539,631
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d 263,382	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	273,142
3	Subtract line <b>2e</b> from line <b>1</b>	3	58,266,489
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	58,266,489
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
INTENDED USES OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS ARE THE PERMANENTLY RESTRICTED NET ASSETS OF NEW YORK PUBLIC RADIO
FIN 48 FOOTNOTE	SCHEDULE D PART X LINE 2	NEW YORK PUBLIC RADIO IS A SECTION 501(C)(3) ORGANIZATION, WHICH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) IT IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION 509(A)(1) OF THE CODE NEW YORK PUBLIC RADIO IS ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES ACCORDINGLY, IT IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE NEW YORK PUBLIC RADIO RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THESE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED
PART XI, LINE 8 - OTHER		CHANGE IN FAIR VALUE INTEREST RATE SWAP AGREEMENT
PART XII AND XIII, LINE 2D - OTHER		RECLASSIFICATION OF VARIOUS EXPENSES FOR RENTALS OF THE GREENE SPACE AND THE STUDIO RENTALS FROM EXPENSES TO REVENUE, PART VIII, LINE 6B

Software ID: Software Version:

**EIN:** 13-3015230

Name: NEW YORK PUBLIC RADIO

D/B/A WNYC RADIO WQXR AND NJ PUBLIC RADIO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Posi	C <b>)</b> (che	cka			(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	Highest compensated employee  Key employee  Officer  Institutional Trustee  Individual trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
JEAN BANGELL TRUSTEE	1 0	Х					0	0	0
TOM BERNSTEIN	1.0						0	0	0
TRUSTEE	1 0	Х					0	0	0
DAVID R CAPLAN TRUSTEE	1 0	Х					0	0	0
JUDITH M CARSON	1 0	X					0	0	0
TRUSTEE (STARTED 04/26/12)	1 0						0	0	0
ANDREA COLLINS TRUSTEE	1 0	Х					0	0	0
CHARLES M DIKER	1.0	V					0	0	0
TRUSTEE	1 0	Х					0	0	0
MARTHA J FLEISCHMAN TRUSTEE	1 0	Х					0	0	0
SUSAN K FREEDMAN TRUSTEE (THROUGH 02/08/12)	1 0	X					0	0	0
ALAN JENKINS TRUSTEE (STARTED 06/29/12)	1 0	Х					0	0	0
ALEXANDER KAPLEN TRUSTEE	1 0	X					0	0	0
PAMULA KINDLER TRUSTEE (THROUGH 06/29/12)	1 0	Х					0	0	0
KATE D LEVIN TRUSTEE	1 0	Х					0	0	0
ANTON J LEVY TRUSTEE	1 0	Х					0	0	0
JOANNE MATTHEWS TRUSTEE	1 0	Х					0	0	0
ZARIN MEHTA TRUSTEE (THROUGH 04/26/12)	1 0	Х					0	0	0
BETHANY MILLARD TRUSTEE	1 0	Х					0	0	0
RICHARD A PACE TRUSTEE	1 0	Х					0	0	0
ELLEN POLANER TRUSTEE	1 0	Х					0	0	0
JONELLE PROCOPE TRUSTEE (STARTED 10/14/11)	1 0	Х					0	0	0
JOHN S ROSE TRUSTEE	1 0	Х					0	0	0
JON W ROTENSTREICH TRUSTEE	1 0	Х					0	0	0
JOSHUA SAPAN TRUSTEE	1 0	Х					0	0	0
HERB SCANNELL TRUSTEE, CHAIR	1 0	Х	Х				0	0	0
IRWIN SCHNEIDERMAN TRUSTEE (THROUGH 11/16/11)	1 0	Х					0	0	0
TRUSTEE	1 0	Х					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) Name and Title Average Position (check all Reportable Reportable Estimated hours that apply) compensation compensation amount of other from related per from the compensation Highest employe organizations week organization (Wfrom the Individual to or director Institutional Trustee 2/1099-MISC) (W-2/1099organization and ) ee ) ee MISC) related Former employee organizations trustee PETER SHAPIRO Х 10 TRUSTEE (STARTED 06/29/12) SUSAN REBELL SOLOMON 1 0 0 Χ TRUSTEE ANNE SPITZER 1 0 Χ 0 TRUSTEE HOWARD S STEIN Χ Х 1 0 TRUSTEE, TREASURER MAYO STUNTZ 1 0 0 Χ TRUSTEE PETER TAGUE 10 Х 0 TRUSTEE (STARTED 06/29/12) NICKI NEWMAN TANNER 1 0 Х TRUSTEE ANDREA L TAYLOR 10 Х TRUSTEE KEITH THOMAS 10 Х TRUSTEE WILMA S TISCH 0 1 0 Χ TRUSTEE CYNTHIA KING VANCE 1 0 Χ TRUSTEE, VICE CHAIR LAURA R WALKER 35 0 Х Х 530,983 95,586 PRESIDENT/CEO ALAN G WEILER Χ 10 Х TRUSTEE, SECRETARY FRANK D YEARY 1 0 Χ TRUSTEE MICHELE RUSNAK 35 0 Х 232,274 32,709 VP, FINANCE & ADMIN / CFO DEAN CAPELLO 308,627 42,318 35 0 Х CCO, SVP, PROGRAMMING THOMAS HJELM 35 0 Х 208,132 281 VP & CHIEF DIGITAL OFFICER MARGARET HUNT 26,404 350 Χ 260,526 VP, DEVELOPMENT NOREEN O'LOUGHLIN 35 0 Х 243,589 20,059 VP, INTEGRATED MKT&GEN MGR TGS GRAHAM PARKER 204,413 743 35 0 Х VP, WQXR CYNTHIA PRATER 35 0 Χ 214,354 18,656 VP, HR & ORG EFFECTIVENESS VINCENT GARDINO 35 0 255,497 18,239 Х EXEC DIRECTOR, UNDERWRITING JOHN HOCKENBERRY Х 39,074 35 0 306,000 HOST

Χ

Χ

313,949

243,038

31,707

26,805

35 0

35 0

BRIAN LEHRER

LEONARD LOPATE

HOST

ноѕт

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	· 1		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other				
	per week		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RICHARD TEDESCO UNDERWRITING MANAGER	35 0					х		237,906	0	36,196

DLN: 93493130019233

OMB No 1545-0047

Inspect ion

**SCHEDULE F** (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

Name of the organization

► Attach to Form 990. ► See separate instructions.

NEW YORK PUBLIC RADIO D/B/A WNYC RADIO WQXR AND NJ PUBLIC RADIO 13-3015230 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (b) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is (f) Total (c) Number of offices in the employees or region (by type) (e.g., a program service, describe expenditures for region/investments region agents in region or fundraising, program specific type of ındependent services, investments, grants service(s) in region in region to recipients located in the contractors region) Central America and the Investments 4,292,822 Carıbbean

4,292,822

4,292,822

Pa	Part IV, I	ine 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Un</b> 000. Check this box	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes' n \$5,000	'to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	-								
		1							
		+							
	_								
2							country, recognized letter		1
3	Enter total nur	nber of other	organızatıons or en	tities					: (Form 990) 2011

Schedule i (Follif 990) 2011							Page 3					
Part III Grants and	Other Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form 9	990, Part IV, line 16.					
Use Part V if a	Use Part V ıf addıtıonal space ıs needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	<u>I</u>			<u> </u>	l	Schadi	ıle F (Form 990) 2011

### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	<b>~</b>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<b>~</b>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	<u> </u>	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্য	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2011

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 13-3015230

Name: NEW YORK PUBLIC RADIO

D/B/A WNYC RADIO WQXR AND NJ PUBLIC RADIO

Schedule F (Form 990) 2011

Page **5** 

### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEW YORK PUBLIC RADIO
D/B/A WNYC RADIO WOXR AND NJ PUBLIC RADIO

Employer identification number
13-3015230

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a Mail solicitations e Solicit
- b V Internet and e-mail solicitations f
- c Phone solicitations
- d 🔽 In-person solicitations

- e Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- g 🔽 Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

  b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
STENOCALL	PLEDGE DRIVE		Νo	0	140,742	0
LEWIS KENNEDY ASSOCIATES	FUNDRAISING ADVISORY		No	0	132,314	0
ARIA COMMUNICATIONS	TELEPHONE FUNDRAISING		No	0	100,204	0
JAY CLAYTON ASSOCIATES	FUNDRAISING ADVISORY		No	0	36,652	0
INNOVATIVE PHILANTHROPY	FUNDRAISING ADVISORY		No	0	85,751	0
JOHN SUTTON ASSOCIATES	FUNDRAISING ADVISORY		No	0	40,895	0
BRUCE FAGIN COMPANY INC	FUNDRAISING ADVISORY		No	0	39,000	0
Total			<b>.</b>	0	575,558	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

CA, CT, FL, MA, NJ, NY, PA

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete ıf the organızatı 990-EZ, lıne 6a. Lıst	on answered "Yes" to events with gross rec	Form 990, Part IV, li eipts greater than \$5	ne 18, or reported ,000.
			(a) Event #1  GALA (event type)	(b) Event #2  (event type)	(c) O ther Events  0 (total number)	(d) Total Events (Add col (a) through col (c))
£Ω	1	Gross receipts	1,163,741			1,163,741
Revenue	2	Less Charitable contributions	859,410	)		859,410
	3	Gross income (line 1 minus line 2)	304,331			304,331
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	18,300	)		18,300
	7	Food and beverages	83,135	;		83,135
Direct	8	Entertainment	19,935	;		19,935
Δ	9	Other direct expenses .	182,961			182,961
	10 11	Direct expense summary Add lin Net income summary Combine lii	_		<b>.</b>	(304,331)
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	┌ Yes ┌ No	Г Yes Г No	
	7	Direct expense summary Add lines	s 2 through 5 in column (	(d)		( )
-	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		· · Fyes Fno
10a b		re any of the organization's gaming   Yes," Explain			; the tax year?	· · Fyes FNo

DLN: 93493130019233

OMB No 1545-0047

Open to Public Inspection

### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization NEW YORK PUBLIC RADIO D/B/A WNYC RADIO WQXR AND NJ PUBLIC RADIO

**Employer identification number** 13-3015230

Pai	It I Questions Regarding Compensation	on			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that apply			
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l payment?	4a		Νο
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a	Yes	
b			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section a payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed describe in Part III	7		Νο
8	Were any amounts reported in Form 990, Part VII				
	in Part III	ın Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
		ha ashaktabla assaumakan masada sa basada ba Basada	<u> </u>		INO
9	If "Yes" to line 8, did the organization also follow t section $53.4958-6(c)$ ?	he rebuttable presumption procedure described in Regulations	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

			·	·	·			
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DEAN CAPELLO	(I) (II)	254,627 0	54,000 0	0 0	21,442 0	20,876 0	350,945 0	0
(2) VINCENT GARDINO	(I) (II)	255,497 0	0	0	- /	12,452 0	273,736 0	0
(3) THO MAS HJELM	(I) (II)	188,132 0	20,000	0	0	281 0	208,413	0
(4) JOHN HOCKENBERRY	(I) (II)	306,000 0	0 0	0		39,07 <b>4</b> 0	345,074 0	0
(5) MARGARET HUNT	(I) (II)	219,526 0	41,000 0	0 0	7,123 0	19,281 0	286,930 0	0
(6) BRIAN LEHRER	(I) (II)	283,949 0	30,000 0	0 0		31,707 0	345,656 0	0 0
(7) LEONARD LOPATE	(ı) (ıı)	223,038 0	20,000 0	0 0	0 0	26,805 0	269,843 0	0
(8) NOREEN O'LOUGHLIN	(I) (II)	208,589 0	35,000 0	0 0		20,059 0	263,648 0	0
(9) GRAHAM PARKER	(I) (II)	175,413 0	29,000 0	0		743 0	205,156 0	0
(10) CYNTHIA PRATER	(I) (II)	182,354 0	32,000 0	0	· · · · · · · · · · · · · · · · · · ·	7,973 0	233,010	0
(11) MICHELE RUSNAK	(I) (II)	192,274 0	40,000 0	0 0	·	19,910 0	264,983 0	0
(12) RICHARD TEDESCO	(I) (II)	237,906 0	0 0	0 0	2,002 0	34,194 0	274,102 0	0 0
(13) LAURA R WALKER	(I) (II)	420,983 0	110,000 0	0	66,316 0	29,270 0	626,569 0	0

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
NONQUALIFIED	PART I, LINE	UNDER THE CURRENT 457(F) ARRANGEMENT, LAURA WALKER RECEIVED \$52,355 IN FUNDING \$16,667 OF THE 457(F) PLAN VESTED IN FY12
RETIREMENT PLAN	4 B	
COMPENSATION	SCHEDULE J,	A PORTION OF THE UNDERWRITING EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON THE GROSS UNDERWRITING REVENUES OF THE
CONTINGENT ON	PART I, LINE	O R G A N I Z A T I O N
REVENUES	5 A	

Schedule J (Form 990) 2011

DLN: 93493130019233

OMB No 1545-0047

Open to Public Inspect ion

Schedule K (Form 990)

### **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

NEW YORK PUBLIC RADIO

Part I Bond Issues

D/B/A WNYC RADIO WQXR AND NJ PUBLIC RADIO

13-3015230

Employer identification number

	Dona 1334C3												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) [	Description of Purpose	(g) Defeased		(h) On Defeased Behalf of Issuer		of (1) Poo	
								Yes	No	Yes	No	Yes	No
A	TRUST FOR CULTURAL RESOURCES CITY OF NEW YORK	91-1882413	898328AA7	03-29-2006	23,000,000	RENOVA OF OFFIC		x		x		Х	
Pa	rt III Proceeds	•							•			•	
					А		В		С		D		
1	A mount of bonds retired		0										
2	A mount of bonds defeased		0										
3	Total proceeds of issue	24	,438,207										
4	Gross proceeds in reserve fi	Gross proceeds in reserve funds				0							
5	Capitalized interest from pro	oceeds				0							
6	Proceeds in refunding escro	w				0							
7	Issuance costs from procee	ds				427,664							
8	Credit enhancement from pro	oceeds				0							
9	Working capital expenditures	s from proceeds			2	,016,186							
10	Capital expenditures from proceeds				21	,994,357							
11	Other spent proceeds					0							
12	Other unspent proceeds					0							
13	Year of substantial completi	on			2008	3					•		
					Vec	No	Ves No	Vac		No	Vec		No

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		х						
15	Were the bonds issued as part of an advance refunding issue?		х						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	х							
Dar	t IIII Private Rusiness Use								

Private Business Use

			A		В		С	l	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х						

			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	Х							
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		х						
С	Are there any research agreements that may result in private business use of bond-financed property?		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %				1		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2	Is the bond issue a variable rate issue?	Х							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	х							
b	Name of provider	WELLS FARGO	D BANK						
с	Term of hedge		20						
d	Was the hedge superintegrated?		Х						
e	Was a hedge terminated?		х						
4a	Were gross proceeds invested in a GIC?	Х							
b	Name of provider	RBC							
С	Term of GIC		2						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х							
5	Were any gross proceeds invested beyond an available temporary period?		Х						
6	Did the bond issue qualify for an exception to rebate?		Х						

### Part V **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

### Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

**Ident if ier** Return Reference **Explanation** 

# OMB No 1545-0047

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### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization **Employer identification number** NEW YORK PUBLIC RADIO
D/B/A WNYC RADIO WQXR AND NJ PUBLIC RADIO 13-3015330

Pa	rt I Types of Property				13-3015230			
		(a) Check If applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do contribution	etermi		
1	Art—Works of art							
2	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	goods							
7	Boats and planes							
_	Intellectual property							
	Securities—Publicly traded .	Х	26	257,492	STOCK VALUE GIV	'EN		
	Securities—Closely held stock			·				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts							
	Other ► (SOFTWARE)	X	2	77 254	MICROSOFT VALU	FIISE	: n	
	Other ► ( GOODS )	X	114		VENDOR VALUE U			
	Other ► ()		111	723,013	VENDOR VALUE O	<u> </u>		
	Other ► ( )							
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	ar for contributions				
	for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	I					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in rait II							

Page **2** 

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

OMB No 1545-0047

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# Supplemental Information to Form 990 or 990-EZ

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization NEW YORK PUBLIC RADIO D/B/A WNYC RADIO WQXR AND NJ PUBLIC RADIO

Employer identification number

13-3015230

ldentifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PART III, LINE 4A	NEW YORK PUBLIC RADIO CONSISTS OF WNYC AM 820, WNYC FM 93 9, WWW WNYC ORG, WNJT FM 88 1, WNJP FM 88 5, WNJY FM 94 1, WNJO FM 90 3, WWW NJPR ORG, WQXR 105 9 FM, WWW WQXR ORG AND THE JEROME L GREENE PERFORMANCE SPACE WNYC AND WQXR ARE AMONG THE COUNTRY'S TOP LEADING PUBLIC RADIO STATIONS ESTABLISHED IN 1924 AS A MUNICIPAL RADIO STATION AND OPERATED AS SUCH FOR SEVENTY-FOUR YEARS, NEW YORK PUBLIC RADIO NOW EXISTS AS AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION WITH A VIBRANT BOARD OF TRUSTESS WNYC ORIGINATES A WIDE RANGE OF PROGRAMS FROM LOCAL AND NATIONAL AUDIENCES WNYC IS A MAJOR CONTENT PROVIDER FOR PUBLIC RADIO STATIONS ACROSS THE COUNTRY ITS NATIONALLY DISTRIBUTED PROGRAMS INCLUDE THE NEWS SHOW THE TAKEAWAY, RADIOLAB, ON THE MEDIA, STUDIO 360 WITH KURT ANDERSON, FREAKONOMICS RADIO AND HERES THE THING WITH A LEC BALDWIN WNYC'S ORIGINAL CONTENT IS AVAILABLE TO PEOPLE WHEREVER THEY ARE VIA MOBILE PLATFORMS, ONLINE AUDIO STREAMS, PODCASTS AND SOCIAL MEDIA WNYC ALSO PROVIDES NEW YORK AND NEW JERSEY WITH THE BEST PROGRAMMING FROM NPR, PUBLIC RADIO INTERNATIONAL, AMERICAN PUBLIC MEDIA, THE BBC, AND PUBLIC RADIO EXCHANGE NEW JERSEY PUBLIC RADIO EXTENDS WNYC REACH AND SERVICE MORE DEEPLY INTO NEW JERSEY WQXR 105 9 FM IS THE NATION'S MOST LISTENED-TO CLASSICAL STATION AND NEW YORK CITY'S ONLY ALL-CLASSICAL MUSIC STATION IN PARTNERSHIP WITH CARNEGIE HALL AND AMERICAN PUBLIC MEDIA, WOXR NITRODUCED A NEW LIVE BROADCAST SERIES IN FY 2012 CALLED CARNEGIE HALL LIVE A LSO IN FISCAL YEAR 2012, IT ALSO LAUNCHED BEETHOVEN AWARENESS MONTH, A WQXR PRODUCED FESTIVAL WOXR OFFERS PROGRAMS SUCH AS METROPOLITAN OPERA RADIO SATURDAY MATINEE BROADCASTS, NEW YORK PHILHARMONIC THIS WEEK AND THE MCGRAW-HILL COMPANIES YOUNG ARTISTS SHOWCASE IN THE JEROME L GREENE PERFORMANCE SPACE, WQXR GIVES AUDIENCES ACCESS TO A ROSTER OF CONCERTS, CONVERSATIONS, SEASON DEPRAY ORG (FIRS HOME FOR ALL THINGS OPERA AND LIVE RADIO SHOWS WQXR ORG HAS ESTABLISHED ITSELF AS THE DESTINATION FOR CLASSICAL MUSIC STREAM DEDICATED TO CONTEMPORARY COMPOSERS) AND OPERAYO
DESCRIPTION OF THE FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11A	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY NEW YORK PUBLIC RADIO THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY NEW YORK PUBLIC RADIO'S FINANCE DEPARTMENT, AS WELL AS THE PRESIDENT AND CEO SENIOR MANAGEMENT THEN REVIEWS THE FINAL DRAFT 990 WITH THE AUDIT COMMITTEE THE FINAL VERSION OF THE RETURN IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE
DESCRIPTION OF THE MONITORING AND ENFORCING OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	THE POLICY IS DISTRIBUTED ANNUALLY THE COMPLETED FORMS ARE REVIEWED BY THE GENERAL COUNSEL IF ANY CONFLICTS ARE NOTED, GENERAL COUNSEL AND THE CHAIR OF THE BOARD CONSULT ON THE PROPER PROCESS IN ACCORDANCE WITH NEW YORK PUBLIC RADIO'S CONFLICT OF INTEREST POLICY THERE WERE NO CONFLICTS OF INTEREST IN FY 12
DESCRIPTION OF PROCESS FOR DETERMINING CEO COMPENSATION	FORM 990, PART VI, LINE 15A	THE BOARD CHAIR CONVENES A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT PERSONS WHICH HIRES AN OUTSIDE COMPENSATION EXPERT AND ALSO REVIEWS SURVEYS OR STUDIES OF TOP MANAGEMENT OFFICIAL COMPENSATION OR FUNCTIONALLY COMPARABLE POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS COMPENSATION IS THEN DETERMINED AND IS SET IN A MULTI-YEAR CONTRACT THE CONTRACT ALSO PROVIDES FOR A DISCRETIONARY BONUS, WHICH IS DETERMINED BY THE EXECUTIVE COMMITTEE CONTEMPORANEOUS WRITTEN RECORDS ARE KEPT OF THE PROCESS IN THE FORM OF MEMORANDUM
PROCESS BY WHICH ORGANIZATION MAKES GOVERNING DOCS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS OF NEW YORK PUBLIC RADIO ARE AVAILABLE FOR PUBLIC REVIEW THROUGH THE ORGANIZATION'S WEBSITE UNDER THE "ABOUT" HEADING
INDEPENDENT CONTRACTORS	PART VII, SECTIONB B	EU SERVICES 649 N HORNERS LANE ROCKVILLE, MD 20850 PRINTING & MAILING \$505,483 IGICOM LLC 437 5TH AVENUE, 11TH FL NEW YORK, NY 10016 CONTRACTOR \$379,737 STREAMGUYS P O BOX 828 ARCATA, CA 95518 STREAMING SERVICES \$285,258 DUBNER PRODUCTIONS LLC 7 WEST 96TH STREET, #4A NEW YORK, NY 10025 CONTRACTOR \$260,983 THE FIDELIS 223 GATES ROAD, UNIT A LITTLE FERRY, NJ 07643 PRINTING & MAILING \$229,017
PART XI - RECONCILIATION OF NET ASSETS, LINE 5		CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 258,315 UNREALIZED GAINS ON INVESTMENTS (914,996) DONATED SERVICES 9,760 OTHER CHANGES IN NET ASSETS OR FUND BALANCES (646,921) =========

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SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

2011

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Department of the Treasury
Internal Revenue Service

Name of the organization NEW YORK PUBLIC RADIO D/B/A WNYC RADIO WQXR AND NJ PUBLIC RADIO				<b>Employer</b> 13-3015	identification number 230		
Part I Identification of Disregarded Entities (Comp	lete ıf the organızatı	on answered "Yes	" on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>izations</b> (Complete the tax year.)	ıf the organızatıor	n answered "Yes"	on Form 990,	Part IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity state (if section 501(c))	tus Direct controlling (3))	Section 5 cont	<b>g)</b> 512(b)(13) trolled nization
						Yes	No
(1) NEW JERSEY FRIENDS OF WNYC RADIO INC 100 AMERICAN METRO BLVD SUITE 150	SUPPORT ORG	N)	501(C)(3)		NYPR	Yes	
HAMILTON, NJ 08619 27-3136233			(-)(-)				
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Cat No 5	0135Y	ı	Schedule R (	Form 990'	2011

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	1	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or iging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

Pai	Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nizations listed in Part	s II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b	Gift, grant, or capital contribution to related organization(s)			1b		No	
c	Gıft, grant, or capıtal contribution from related organization(s)			1c		No	
d	Loans or loan guarantees to or for related organization(s)			1d		No	
e	Loans or loan guarantees by related organization(s)			1e		No	
f	Sale of assets to related organization(s)			1f		No	
g	Purchase of assets from related organization(s)			<b>1</b> g		No	
h	Exchange of assets with related organization(s)			1h		No	
i	Lease of facilities, equipment, or other assets to related organization(s)			1i		No	
j	Lease of facilities, equipment, or other assets from related organization(s)			<u>1j</u>		No	
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No	
1	Performance of services or membership or fundraising solicitations by related organization(s)			11		No	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
n	Sharing of paid employees with related organization(s)			1n		No	
o	Reimbursement paid to related organization(s) for expenses			10		No	
р	Reimbursement paid by related organization(s) for expenses			1р		No	
q	O ther transfer of cash or property to related organization(s)			<b>1</b> q		No	
r	O ther transfer of cash or property from related organization(s)			1r		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ıonshıps and transact	ıon thresholds			
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount	
(1)							
(2)							
(3)							
(4)							
(5)							

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	5	(e) Are all partners section 601(c)(3) anizations?	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging tner?	(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No	1
												<u> </u>	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

	Ident if ier	Return Reference	Explanation	
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Schedule R (Form 990) 2011