

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)

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

Form 990 header section containing organization name (NEW YORK PUBLIC RADIO), address (160 VARICK STREET, NEW YORK, NY 10013), EIN (13-3015230), and principal officer (LAURA WALKER).

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include Governance (mission statement), Revenue (Total revenue: 54,860,056), Expenses (Total expenses: 47,745,841), and Net Assets or Fund Balances (Total assets: 120,054,428).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Michele Roznak, CFO, dated 5/14/12.

Preparer information for Barbara E Hunt, Sr Tax Mgr, KPMG LLP, dated 5/15/12.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization NEW YORK PUBLIC RADIO	Employer identification number 13-3015230
	Number, street, and room or suite no. If a P.O. box, see instructions. 160 VARICK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10013	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MICHELE RUSNAK

Telephone No. ▶ 646-829-4400 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20____ or
▶ tax year beginning 07/01, 20 10, and ending 06/30, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box, **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization NEW YORK PUBLIC RADIO	Employer identification number 13-3015230
	Number, street, and room or suite no. If a P.O. box, see Instructions. 160 VARICK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10013	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MICHELE RUSNAK**
Telephone No. **646-829-4400** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **05/15**, 20 **12** .
- 5 For calendar year _____, or other tax year beginning **07/01**, 20 **10**, and ending **06/30**, 20 **11** .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Suzanne Estabrook, Senior Tax Manager* Title **AUTHORIZED AGENT** Date **1/11/12**
KPMG LLP

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
TO MAKE THE MIND MORE CURIOUS, THE HEART MORE TOLERANT, AND THE SPIRIT MORE JOYFUL THROUGH EXCELLENT RADIO PROGRAMMING.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 30,261,672. including grants of \$) (Revenue \$ 6,667,186.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 4,338,578. including grants of \$) (Revenue \$)
TECHNICAL OPERATIONS FOR THE DISTRIBUTION AND SUPPORT OF PROGRAMMING ON WNYC AM, WNYC FM, WWW.WNYC.ORG, WQXR FM, WWW.WQXR.ORG, AND THE JEROME L. GREENE PERFORMANCE SPACE. ENGINEERING OF ALL RADIO, DIGITAL AND LIVE PERFORMANCE PROGRAMMING AND INFORMATION TECHNOLOGY FOR THE ENTIRE NY PUBLIC RADIO ORGANIZATION.

4c (Code:) (Expenses \$ 2,542,498. including grants of \$) (Revenue \$)
MARKETING SUPPORT SERVICES:
NEW YORK PUBLIC RADIO'S MARKETING EFFORTS PROMOTE THE UNIQUE PROGRAMMING AND EVENTS PRODUCED BY WNYC AND WQXR, INCLUDING NEWS, CULTURAL, AND MUSIC RADIO PROGRAMMING, ORIGINAL ONLINE CONTENT, AND A SCHEDULE OF LIVE EVENTS IN THE JEROME L. GREENE PERFORMANCE SPACE. THE COMMUNITY ENGAGEMENT DEPARTMENT IS DEVOTED TO REACHING OUT TO ALL COMMUNITIES IN THE NEW YORK METROPOLITAN AREA TO ENGAGE CITIZENS IN AN EFFORT TO BUILD STRONGER COMMUNITY RELATIONS AND PUBLIC VALUE - FURTHERING THE STATION'S ROLE AS A PUBLIC SERVICE MEDIA ORGANIZATION.

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

4e Total program service expenses ▶ 37,142,748.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 990 filings.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family/business relationships, management delegation, significant changes, asset diversion, members/stockholders, and meeting documentation.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

- 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 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

Check if Schedule O contains a response to any question in this Part VII. X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICKIE JORDAN ADAMS TRUSTEE (THROUGH 01/19/11)	1.00	X					0.	0.	0.	
(2) JEAN B ANGELL TRUSTEE	1.00	X					0.	0.	0.	
(3) THOMAS A BERNSTEIN TRUSTEE	1.00	X					0.	0.	0.	
(4) DAVID R CAPLAN TRUSTEE	1.00	X					0.	0.	0.	
(5) ANDREA COLLINS TRUSTEE	1.00	X					0.	0.	0.	
(6) CHARLES M DIKER TRUSTEE	1.00	X					0.	0.	0.	
(7) JERRY DELLA FEMINA TRUSTEE (THROUGH 04/28/11)	1.00	X					0.	0.	0.	
(8) MARTHA J FLEISCHMAN TRUSTEE	1.00	X					0.	0.	0.	
(9) SUSAN K FREEDMAN TRUSTEE	1.00	X					0.	0.	0.	
(10) ALEXANDER KAPLEN TRUSTEE, VICE CHAIR	1.00	X					0.	0.	0.	
(11) PAMULA KINDLER TRUSTEE (STARTED 07/01/10)	1.00	X					0.	0.	0.	
(12) KATE D LEVIN TRUSTEE	1.00	X					0.	0.	0.	
(13) ANTON J LEVY TRUSTEE	1.00	X					0.	0.	0.	
(14) JOANNE B MATTHEWS TRUSTEE	1.00	X					0.	0.	0.	
(15) ZARIN MEHTA TRUSTEE	1.00	X					0.	0.	0.	
(16) BETHANY MILLARD TRUSTEE (STARTED 07/01/10)	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) RICHARD A PACE TRUSTEE	1.00	X					0.	0.	0.	
(18) ELLEN POLANER TRUSTEE	1.00	X					0.	0.	0.	
(19) JOHN S ROSE TRUSTEE	1.00	X					0.	0.	0.	
(20) JON W ROTENSTREICH TRUSTEE	1.00	X					0.	0.	0.	
(21) JOSHUA SAPAN TRUSTEE	1.00	X					0.	0.	0.	
(22) HERB SCANNELL TRUSTEE, CHAIR	1.00	X		X			0.	0.	0.	
(23) IRWIN SCHNEIDERMAN TRUSTEE	1.00	X					0.	0.	0.	
(24) JACK P SCHWEBEL TRUSTEE (THROUGH 07/01/10)	1.00	X					0.	0.	0.	
(25) LAUREN SEIKALY TRUSTEE	1.00	X					0.	0.	0.	
(26) SUSAN R SOLOMON TRUSTEE	1.00	X					0.	0.	0.	
(27) ANNE SPITZER TRUSTEE	1.00	X					0.	0.	0.	
(28) HOWARD S STEIN TRUSTEE/TREASURER	1.00	X		X			0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 1							3,022,717.	0	297,687.	
d Total (add lines 1b and 1c)							3,022,717.	0	297,687.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **60**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **19**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	654,909.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	799,479.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	45,357,116.			
	g	Noncash contributions included in lines 1a-1f: \$		880,515.			
	h	Total. Add lines 1a-1f		46,811,504.			
Program Service Revenue	2a	REVENUES FROM COLLABORATIVE AGREEMENT	Business Code	515100	3,311,611.	3,311,611.	
	b	PRODUCTION	515100	1,634,884.	1,634,884.		
	c	COMM AFFAIRS / PROGRAMMING	900004	81,400.	81,400.		
	d	MISCELLANEOUS INCOME	900099	379,216.	379,216.		
	e	TAXABLE UNDERWRITING	900004	1,260,075.		1,260,075.	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,667,186.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		30,195.			30,195.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		30,013.		4,358.	25,655.
			(i) Real	(ii) Personal			
	6a	Gross Rents	102,734.	4,748.			
	b	Less: rental expenses	197,279.	9,953.			
	c	Rental income or (loss)	-94,545.	-5,205.			
	d	Net rental income or (loss)			-99,750.		-99,750.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			0.		
	8a	Gross income from fundraising events (not including \$ 654,909. of contributions reported on line 1c). See Part IV, line 18	a	266,599.			
	b	Less: direct expenses	b	266,599.			
	c	Net income or (loss) from fundraising events			0.		
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities			0.			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0.			
	Miscellaneous Revenue	Business Code					
11a	OTHER INCOME	900099	9,737.			9,737.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		9,737.				
12	Total revenue. See instructions		53,448,885.	5,407,111.	1,164,683.	65,587.	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	2,056,532.	1,273,738.	487,581.	295,213.
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	22,967,016.	17,396,989.	969,835.	4,600,192.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	352,536.	228,614.	52,449.	71,473.
9 Other employee benefits	2,723,848.	1,976,305.	262,550.	484,993.
10 Payroll taxes	1,774,912.	1,307,931.	150,303.	316,678.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	326,317.	2,730.	323,587.	
c Accounting	189,231.	122,832.	43,112.	23,287.
d Lobbying	80,093.			80,093.
e Professional fundraising services. See Part IV, line 17	682,215.			682,215.
f Investment management fees	0.			
g Other	2,842,422.	1,967,985.	686,873.	187,564.
12 Advertising and promotion	1,537,308.	759,481.	48,978.	728,849.
13 Office expenses	837,141.	639,720.	69,019.	128,402.
14 Information technology	524,440.	207,968.	54,930.	261,542.
15 Royalties	0.			
16 Occupancy	3,751,681.	3,264,154.	158,608.	328,919.
17 Travel	513,584.	448,179.	19,613.	45,792.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	243,467.	126,276.	36,843.	80,348.
20 Interest	544,852.		544,852.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,130,557.	2,419,136.	224,146.	487,275.
23 Insurance	200,955.	154,351.	15,649.	30,955.
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.)				
a <u>PROGRAM ACQUISITION</u>	4,862,685.	4,846,285.	15,000.	1,400.
b <u>MEMBERSHIP SERVICES</u>	2,488,677.	74.	140.	2,488,463.
c <u>FINANCING COSTS</u>	229,769.		229,769.	
d <u>BAD DEBT RECOVERY</u>	-20,780.		-20,780.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	52,839,458.	37,142,748.	4,373,057.	11,323,653.
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	119,498.	1	612,653.
	2	Savings and temporary cash investments	16,750,975.	2	29,821,212.
	3	Pledges and grants receivable, net	15,609,750.	3	11,968,170.
	4	Accounts receivable, net	2,321,414.	4	2,542,958.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	5,000.	6	0.
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	517,424.	9	5,553,975.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	41,345,538.		
	10b	Less: accumulated depreciation	12,862,059.		
			30,426,459.	10c	28,483,479.
	11	Investments - publicly traded securities	27,652,842.	11	11,257,230.
	12	Investments - other securities. See Part IV, line 11		12	1,032,890.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	26,651,066.	15	26,598,352.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	120,054,428.	16	117,870,919.	
Liabilities	17	Accounts payable and accrued expenses	10,057,521.	17	10,654,796.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	19,595,000.	20	15,920,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	3,277,619.	25	3,214,906.
	26	Total liabilities. Add lines 17 through 25	32,930,140.	26	29,789,702.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	71,886,398.	27	76,034,152.
	28	Temporarily restricted net assets	14,987,890.	28	11,693,160.
	29	Permanently restricted net assets	250,000.	29	353,905.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	87,124,288.	33	88,081,217.	
34	Total liabilities and net assets/fund balances	120,054,428.	34	117,870,919.	

Part XI Reconciliation of Net Assets

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	53,448,885.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,839,458.
3	Revenue less expenses. Subtract line 2 from line 1	3	609,427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,124,288.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	347,502.
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	88,081,217.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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** Employer identification number
D/B/A **WNYC RADIO AND WQXR** 13-3015230

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or 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 supporting organization, check this box
- 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) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 96.32%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 95.80%; 16a 33 1/3 % support test - 2010; 16b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2010; 16 Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2010; 18 Investment income percentage from 2009 Schedule A, Part III, line 17.

- 19a 33 1/3 % support tests - 2010. 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.
19b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations 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).

Schedule of Contributors

2010

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization NEW YORK PUBLIC RADIO D/B/A WNYC RADIO AND WQXR	Employer identification number 13-3015230
---	---

Organization type (check one):

- | Filers of: | Section: | |
|--------------------|-------------------------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> | 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> | 527 political organization |
| Form 990-PF | <input type="checkbox"/> | 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> | 501(c)(3) taxable private foundation |

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization NEW YORK PUBLIC RADIO D/B/A WNYC RADIO AND WQXR	Employer identification number 13-3015230
--	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 3,253,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

- 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.
- 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, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NEW YORK PUBLIC RADIO	Employer identification number
D/B/A WNYC RADIO AND WQXR	13-3015230

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 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? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 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 No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

JSA
0E1264 0.040

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

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	81,668.													
c	Total lobbying expenditures (add lines 1a and 1b)	81,668.													
d	Other exempt purpose expenditures	37,349,978.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	37,431,646.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	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 line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2 a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c	Total lobbying expenditures	83,686.	78,430.	84,060.	81,668.	327,844.
d	Grassroots nontaxable 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.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
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:			
a 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. Add lines 1c through 1i			
2 a 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c 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	

Part 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 1i. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization **NEW YORK PUBLIC RADIO**

Employer identification number

D/B/A **WNYC RADIO AND WQXR**

13-3015230

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2010

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	250,000.	250,000.	250,000.		
b Contributions	100,000.				
c Net investment earnings, gains, and losses	8,696.	73.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	4,791.	73.			
g End of year balance	353,905.	250,000.	250,000.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 0.0000 %
 - b Permanent endowment ▶ 100.0000 %
 - c Term endowment ▶ 0.0000 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		23,322,073.	3,660,547.	19,661,526.
d Equipment		14,392,196.	7,221,612.	7,170,583.
e Other		3,631,270.	1,979,900.	1,651,370.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				28,483,479.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FCC LICENSE	25,943,089.
(2) OTHER ASSETS	655,263.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	
	26,598,352.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FAIR VALUE OF SWAP	1,546,744.
(3) REFUNDABLE ADVANCE	1,000,000.
(4) OTHER LIABILITIES	668,162.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	3,214,906.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	53,448,885.
2	Total expenses (Form 990, Part IX, column (A), line 25)	52,839,458.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	609,427.
4	Net unrealized gains (losses) on investments	55,385.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	292,117.
9	Total adjustments (net). Add lines 4 through 8	347,502.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	956,929.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	53,711,502.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	55,385.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	207,232.
e	Add lines 2a through 2d	262,617.
3	Subtract line 2e from line 1	53,448,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	53,448,885.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	53,046,690.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	207,232.
e	Add lines 2a through 2d	207,232.
3	Subtract line 2e from line 1	52,839,458.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	52,839,458.

Part XIV Supplemental Information

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, line 2; 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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

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 OF 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.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

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.

2010

Open To Public Inspection

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

Employer identification number 13-3015230

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations e X Solicitation of non-government grants f X Solicitation of government grants g X Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No

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.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows include STENOCALL DRIVE, LEWIS KENNEDY ASSOCIATES, ARIA COMMUNICATIONS, SUSAN ULIN ASSOCIATES LTD, JAY CLAYTON ASSOCIATES, DAVIDA ISAACSON CONSULTING, INNOVATIVE PHILANTHROPY, LAKESPUR PRODUCTIONS INC, JOHN SUTTON & ASSOCIATES, BRUCE FAGIN & COMPANY, INC. Total: 0, 668,225, 0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CA, CT, FL, MA, NJ, NY, PA,

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GALA (event type)	(event type)	0. (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	921,508.		921,508.
	2	Less: Charitable contributions	654,909.		654,909.
	3	Gross income (line 1 minus line 2)	266,599.		266,599.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	42,000.		42,000.
	7	Food and beverages	50,789.		50,789.
	8	Entertainment	22,363.		22,363.
	9	Other direct expenses	151,447.		151,447.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				0.

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

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

9 Enter the state(s) in which the organization operates gaming activities:
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

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

Name ▶ -----

Address ▶ -----

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **NEW YORK PUBLIC RADIO**

Employer identification number

D/B/A WNYC RADIO AND WQXR

13-3015230

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DEAN CAPELLO	(i) 244,722. (ii) 0.	(ii) 57,500. (iii) 0.	(iii) 0. (iii) 0.	14,318. 0.	18,877. 0.	335,417. 0.	0. 0.
2	MARK EFFRON	(i) 197,812. (ii) 0.	(ii) 15,000. (iii) 0.	(iii) 0. (iii) 0.	0. 0.	26,403. 0.	239,215. 0.	0. 0.
3	VINCENT GARDINO	(i) 240,405. (ii) 0.	(ii) 19,000. (iii) 0.	(iii) 0. (iii) 0.	8,489. 0.	7,438. 0.	275,332. 0.	0. 0.
4	JOHN HOCKENBERRY	(i) 298,154. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	0. 0.	38,352. 0.	336,506. 0.	0. 0.
5	MARGARET HUNT	(i) 196,478. (ii) 0.	(ii) 18,000. (iii) 0.	(iii) 0. (iii) 0.	480. 0.	16,600. 0.	231,558. 0.	0. 0.
6	BRIAN LEHRER	(i) 186,275. (ii) 0.	(ii) 45,000. (iii) 0.	(iii) 0. (iii) 0.	0. 0.	24,614. 0.	255,889. 0.	0. 0.
7	LEONARD LOPATE	(i) 185,942. (ii) 0.	(ii) 28,000. (iii) 0.	(iii) 0. (iii) 0.	0. 0.	24,202. 0.	238,144. 0.	0. 0.
8	NOREEN O'LOUGHLIN	(i) 201,343. (ii) 0.	(ii) 30,000. (iii) 0.	(iii) 0. (iii) 0.	0. 0.	18,828. 0.	250,171. 0.	0. 0.
9	CYNTHIA PRATER	(i) 173,417. (ii) 0.	(ii) 35,000. (iii) 0.	(iii) 0. (iii) 0.	6,922. 0.	7,482. 0.	222,821. 0.	0. 0.
10	MICHELE RUSNAK	(i) 182,723. (ii) 0.	(ii) 35,445. (iii) 0.	(iii) 0. (iii) 0.	8,724. 0.	1,794. 0.	228,686. 0.	0. 0.
11	LAURA WALKER	(i) 365,972. (ii) 0.	(ii) 225,000. (iii) 0.	(iii) 41,529. (iii) 0.	48,561. 0.	25,603. 0.	706,665. 0.	41,529. 0.
12		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
13		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
14		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
15		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
16		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---

Schedule J (Form 990) 2010

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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

UNDER THE CURRENT 457(F) ARRANGEMENT, LAURA WALKER RECIEVED VESTED CONTRIBUTIONS OF \$33,500.

COMPENSATION CONTINGENT ON REVENUES

SCHEDULE J, PART I, LINE 5A

A PORTION OF THE UNDERWRITING EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON THE UNDERWRITING REVENUES OF THE ORGANIZATION.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 on Schedule O (Form 990).

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
13-3015230

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A TRUST FOR CULTURAL RESOURCES CITY OF NEW YORK	91-1882413	898329AA7	03/29/2006	23,000,000.	RENOVATION/CONSTRUCTION OF OFFICE		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0.						
2 Amount of bonds legally defeased		0.						
3 Total proceeds of issue		24,438,207.						
4 Gross proceeds in reserve funds		0.						
5 Capitalized interest from proceeds		0.						
6 Proceeds in refunding escrows		0.						
7 Issuance costs from proceeds		427,664.						
8 Credit enhancement from proceeds		0.						
9 Working capital expenditures 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 completion		2008						
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use

	A		B		C		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?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
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		0.0000 %						%
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		0.0000 %						%
6 Total of lines 4 and 5		0.0000 %						%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		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?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider								
c Term of hedge		WELLS FARGO BANK						
d Was the hedge superintegrated?		20,000						
e Was the hedge terminated?		X						
4a Were gross proceeds invested in a GIC?	X							
b Name of provider								
c Term of GIC		RBC						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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

Employer identification number
13-3015230

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	53.	169,928.	STOCK VALUE GIVEN
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	X	1.	115,777.	MICROSOFT VALUE USED
26 Other ▶ (GOODS)	X	96.	594,810.	VENDOR VALUE USED
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0.

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

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

Schedule M (Form 990) (2010)

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.

USE OF THIRD PARTIES FOR NONCASH CONTRIBUTIONS

SCH M, QUESTION 32B

A THIRD PARTY PROCESSES THE RECEIPT AND SALE OF SHARES OF STOCK

CONTRIBUTED BY DONORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization D/B/A WNYC RADIO AND WQXR	NEW YORK PUBLIC RADIO	Employer identification number 13-3015230
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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, WQXR 105.9 FM AND 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 TRUSTEES. 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 MORNING NEWS SHOW THE TAKEAWAY, RADIOLAB, ON THE MEDIA, STUDIO 360 WITH KURT ANDERSON AND FREAKONOMICS RADIO. 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 YORKERS WITH THE BEST PROGRAMMING FROM NPR, PUBLIC RADIO INTERNATIONAL, AMERICAN PUBLIC MEDIA AND THE BBC. NEW YORK'S ONLY ALL-CLASSICAL MUSIC STATION, WQXR, PRESENTS LANDMARK RECORDINGS AS WELL AS PERFORMANCES FROM THE METROPOLITAN OPERA, THE CHAMBER MUSIC SOCIETY OF LINCOLN CENTER, THE NEW YORK PHILHARMONIC AND OTHER NEW YORK CONCERT VENUES, AND APPEARANCES BY OUR CITY'S WORLD-CLASS MUSICIANS. WQXR'S SMART, ENGAGING HOSTS PROVIDE DISTINCTIVE CONTEXT FOR THE MUSIC THEY LOVE TO PLAY AND WQXR.ORG SERVES THE GLOBAL CLASSICAL MUSIC COMMUNITY THROUGH ONLINE LISTENING, PLAYLISTS, HOST BLOGS, NEW YORK CITY CULTURAL NEWS AND Q2, AN ONLINE MUSIC STREAM

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

Employer identification number
13-3015230

DEDICATED TO CONTEMPORARY COMPOSERS. OUR STREET-FRONT BROADCAST STUDIO AND PERFORMANCE VENUE, THE JEROME L. GREENE PERFORMANCE SPACE, PRODUCES A FULL SEASON OF ORIGINAL PROGRAMMING - AS WELL AS WNYC AND WQXR SHOWS, CONCERTS AND EVENTS - FOR LIVE, RADIO AND ONLINE AUDIENCES. IT IS BECOMING AN ANCHOR IN OUR GROWING, EXCITING HUDSON SQUARE NEIGHBORHOOD IN LOWER MANHATTAN.

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

POLICY IS DISTRIBUTED ANNUALLY. THE COMPLETED FORMS ARE REVIEWED BY GENERAL COUNSEL. IN CASE ANY CONFLICTS ARE NOTED, GENERAL COUNSEL AND CHAIR OF BOARD CONSULT ON PROPER PROCESS IN ACCORDANCE WITH NEW YORK PUBLIC RADIO'S CONFLICT OF INTEREST POLICY. THERE WERE NO CONFLICTS OF INTEREST IN FY11.

DESCRIPTION OF PROCESS FOR DETERMINING CEO COMPENSATION

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

Employer identification number
13-3015230

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, SECTION B

IGICOM LLC

437 5TH AVENUE, 11TH FL

NEW YORK, NY 10016

CONTRACTOR

\$607,095

EU SERVICES

649 N. HORNERS LANE

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

Employer identification number
13-3015230

ROCKVILLE, MD 20850

PRINTING AND MAILSHOP

\$441,335

DUBNER PRODUCTIONS LLC

7 WEST 96TH STREET, #4A

NEW YORK, NY 10025

CONTRACTOR

\$260,933

THE FIDELIS

223 GATES ROAD, UNIT A

LITTLE FERRY, NJ 07643

SHIPPING & MAILING SERVICES

\$203,773

STENOCALL

P.O. BOX 10127

LUBBOCK, TX 79401

TELEMARKETING

\$188,869

PART XI - RECONCILIATION OF NET ASSETS, LINE 5:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 292,117

UNREALIZED GAINS ON INVESTMENTS 55,385

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

Employer identification number
13-3015230

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

347,502

=====

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 MAYO STUNTZ TRUSTEE	1.00	X						0.	0.	0.
30 NICKI TANNER TRUSTEE	1.00	X						0.	0.	0.
31 ANDREA L TAYLOR TRUSTEE	1.00	X						0.	0.	0.
32 KEITH THOMAS TRUSTEE	1.00	X						0.	0.	0.
33 WILMA S TISCH TRUSTEE	1.00	X						0.	0.	0.
34 CYNTHIA KING VANCE TRUSTEE, VICE CHAIR	1.00	X						0.	0.	0.
35 LAURA WALKER PRESIDENT/CEO	35.00	X	X				632,501.	0.		74,164.
36 LULU C WANG TRUSTEE (THROUGH 06/23/11)	1.00	X						0.	0.	0.
37 ALAN G WEILER TRUSTEE, SECRETARY	1.00	X	X					0.	0.	0.
38 FRANK D YEARY TRUSTEE	1.00	X						0.	0.	0.
39 MICHELE RUSNAK VP, FINANCE & ADMIN./ CFO	35.00			X			218,168.	0.		10,518.
40 DEAN CAPELLO CCO, SVP, PROGRAMMING	35.00				X		302,222.	0.		33,195.
41 MARGARET HUNT VP, DEVELOPMENT	35.00				X		214,478.	0.		17,080.
42 NOREEN O'LOUGHLIN VP, MARKETING & DIGITAL MEDIA	35.00				X		231,343.	0.		18,828.
43 CYNTHIA PRATER EXEC. DIR. ORG. DEV & HR	35.00				X		208,417.	0.		14,404.
44 MARK EFFRON GENERAL MANAGER	35.00				X		212,812.	0.		26,403.
45 VINCENT GARDINO EXEC. DIRECTOR, UNDERWRITING	35.00				X		259,405.	0.		15,927.
46 JOHN HOCKENBERRY HOST	35.00				X		298,154.	0.		38,352.
47 BRIAN LEHRER HOST	35.00				X		231,275.	0.		24,614.
48 LEONARD LOPATE HOST	35.00				X		213,942.	0.		24,202.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number
13-3015230

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

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NEW JERSEY FRIENDS OF WNYC RADIO, INC. 27-3136233 100 AMERICAN METRO BLVD, SUITE HAMILTON, NJ 08619	SUPPORT ORG.	NJ	501(C)(3)	11	NYPR		X
(2)	-----	-----	-----	-----	-----	-----		
(3)	-----	-----	-----	-----	-----	-----		
(4)	-----	-----	-----	-----	-----	-----		
(5)	-----	-----	-----	-----	-----	-----		
(6)	-----	-----	-----	-----	-----	-----		
(7)	-----	-----	-----	-----	-----	-----		

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

Schedule R (Form 990) 2010

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
								(1) _____
(2) _____								
(3) _____								
(4) _____								
(5) _____								
(6) _____								
(7) _____								

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
				Yes	No		Yes	No		
(1)	-----									
(2)	-----									
(3)	-----									
(4)	-----									
(5)	-----									
(6)	-----									
(7)	-----									
(8)	-----									
(9)	-----									
(10)	-----									
(11)	-----									
(12)	-----									
(13)	-----									
(14)	-----									
(15)	-----									
(16)	-----									

Part VII **Supplemental Information**

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