



Form 8879-EO	IRS e-file S	Signature Authoriza	tion	I
		Exempt Organizatio	n	QMB No. 1545-1878
	For calendar year 2011, or fiscal year begin	$n_{ing} 0.7/01$, 2011, and endir	ng 06/30, 20 12_	
Oppartment of the Treesury	Do not send	to the IRS. Keep for your reco es instructions on back.	ords.	20
Internal Revenue Service Name of exempt organization	► S	ee instructions on back.	Employer ide	ntification number
NEW YORK PUBL	IC RADIO		13-30	15230
Name and title of officer				
MICHELE RUSNAL	K, VP, FINANCE & AD	MIN., CFO		
Part Type of Ret	turn and Return Information (V	vnole Dollars Only)		rom the return if w
check the box on line 1a	turn for which you are using this 5, 2a, 3a, 4a, or 5a, below, and the b, or 5b, whichever is applicable, low. Do not complete more than 1	e amount on that line for the re blank (do not enter -0-). But, i	313171 Delino Inega Willi Luna	FOLDE MORE PLETER IN THE
1a Form 990 check her	re 🕨 🔀 🖕 Total revenue, if a	iny (Form 990, Part VIII, column		54810073
2a Form 990-EZ check	here 🕨 🛄 b Total revenue	a, if any (Form 990-EZ, line 9) .	2b	
3a Form 1120-POL che		(Form 1120-POL, line 22)	3b	
4a Form 990-PF check		investment income (Form 990-	-PF, Part VI, line 5), 4b , II. line 8c) 5b	
5a Form 8868 check he	ere 🕨 🛄 b Balance Due (Fo	rm 8868, Part I, line Sc or Part	n, ane oc)	
Part il Declaration	and Signature Authorization of	of Officer		
organization's electronic to send the organization' the transmission, (b) the authorize the U.S. Treas- financial institution accou- return, and the financial i Agent at 1-888-353-4537 involved in the processin membre database	mplete. I further declare that the a return. I consent to allow my inter is return to the IRS and to receive to reason for any delay in processing ury and its designated Financial A ant indicated in the tax preparation institution to debit the entry to this 7 no later than 2 business days pr g of the electronic payment of tax the payment. I have selected a p upplicable, the organization's cons	mediate service provider, trans- from the IRS (a) an acknowledge g the return or refund, and (c) the gent to initiate an electronic fur software for payment of the or account. To revoke a payment lor to the payment (settlement) es to receive confidential inform ersonal identification number (P	smitter, of electronic feat ement of receipt or reaso e date of any refund. If a rganization's federal taxe: t, I must contact the U.S. T date. I also authorize the nation necessary to answ iN) as my signature for the	n for rejection of oplicable, I it) entry to the sowed on this Treasury Financial financial institutions er inquiries and
Officer's PIN: check one	IG LLP	to enter my	y PIN 8 7 4 9 2 Enter five numbers, I	as my signat.
	ERO firm name		do not enter all zeros	i -
being filed with a ERO to enter my	on's tax year 2011 electronically f state agency(ies) regulating char PIN on the return's disclosure cor	ities as part of the IRS Fed/Sta isent screen.	ate program, raiso autiona	
If I have indicated	he organization, I will enter my Pli d within this return that a copy of t re program, I will enter my PIN on	he return is being filed with a si	tste agency(les) regulation	ectronically filed retu g charities as part o
)fficer's signature 🕨	1 Kon	L	Date 5/0	1/13
Part III Certification	and Authentication		e.	
ERO's EFIN/PIN, Enter ye	our six-digit electronic filing identif by your five-digit self-selected PIN.	ication	1 3 4 0 7 3 do not ente	11646 r sll zeros
ndicated shove I confirm	umeric entry is my PIN, which is m n that I am submitting this return in d IRS e-file Providers for Business	u accologuce mini nie tednilani	ents of Pub. 4163, Mode	organization mized e-File (MeF) / / 2
RO's signature	ERO Must Pat	aln This Form - See Instructi	Date	
	Do Not Submit This For	m To the IRS Unless Reques	sted To Do So	
For Paperwork Reductio	on Act Notice, see back of form.			Form 8879-EO (201
			α. Έ	
2756BJ E299		V 11-6.5	2552323	PAGE

2011 990 Returns Found in Account E299

Total R	ecord Co	ount: 1														R	eport Dat	te: 5/10/2013
*** - Fede	- Federal Only																	
Locator	Тах Туре	Taxpayer Name	ClientCode	Alerts	Jurisdiction	FedForm	Federal Service Center	Filing Type	Filing Status	Date Sent	Date Ack	DCN	Debts***	PIN***	EIC***	Direct Debit From IRS***	Direct Debit In Locators	Create Date
2756BJ	990	NEW YORK PUBLIC RADIO	2552323	N	FED			Return	Accepted	5/10/2013 11:52:00 AM	5/10/2013 12:26:00 PM						Ν	5/10/2013 10:35:59 AM

								_	_	_	_	_	_		OMB No	. 1545-00	47
Forn	n g	90			Retu	rn of C	Organizati	on E	Exempt	Fro	m Inco	ome ⁻	Гах		ାର		
				Une	der sectio	n 501(c), 5	527, or 4947(a)(e (excep	t blacl	k lung			
Depa	rtment	of the Treas	sury						private foui		•					to Publi	ic
Intern	nal Reve	enue Service	Э			•	may have to use	. ,			,	porting re	quireme		-	ection	
A F	or th			-	ear, or tax				/01, 2011	, and e	ending				30, 20 <u>1</u>		
Bc	heck if ar	C		-			UBLIC RADIO					D Emp	oloyer id	entificat	ion numbe	•	
	Addre					IO, WQXI	R AND NJ PU	JBLIC	C RADIO			-					
	chang			Busines								_	-3015				
	Name	e change	Numbe	er and s	street (or P.O.	box if mail is	not delivered to stree	et addre	ess)	Room/s	uite		ephone n				
	Initial	return			ICK STRI							(646) 82	9-44	00		
	-	inated		,	state or country												
	Amer				K, NY 10								ss receip		55,3		
	pendi	cation ing					cer: LAURA R						this a gro iliates?	up return i	for Y	es X	No
						CET NEW	YORK, NY 1	10013	3			- ` `	e all affilia			es	No
		empt statu		X 501		501(c) () (insert no	o.)	4947(a)(1)	or	527				see instruction	s)	
				_	LICRADI								oup exem				
-		of organiza		X Cor	rporation	Trust	Association 0	Other		L	ear of form	ation: 19	79 M	State of	legal domic	ile: I	NY
Pa	rt I		mary														
	1	Briefly c	describe	e the o	organization'	s mission o	r most significant a	activitie	es:								
e							US, THE HE					THE					
ano		SPIRI	ET_MO	RE_J	OYFUL T	HROUGH	EXCELLENT	RADI	O_PROGRA	MMIN	G						
Governance																	
Go	2						iscontinued its op							1 1			. –
ళ	3	Number	of voti	ng me	mbers of the	e governing	body (Part VI, line	e 1a) _						3			35.
itie	4	Number	r of inde	epende	ent voting m	embers of t	he governing bod	ly (Part	VI, line 1b)					4			34.
Activities	5						endar year 2011 (F							5			L5.
Ac	6				nteers (estim									6			<u>11.</u>
	7a	Total gr	oss uni	related	business re	venue from	Part VIII, column ((C), lin∉	e 12					7a		53,76	
	b	Net unre	elated b	ousine	ss taxable ir	come from	Form 990-T, line 3	34				Prior		7b	_⊥ Curren)2,58	.8.
	8	Contribu			anto (Dort VII	l line (h)						46,811,504.			49,3		6
Revenue	9	Program	utions and grants (Part VIII, line 1h) n service revenue (Part VIII, line 2g)			1, 1110 111)		• • •	COPY	FOR			67,18			48,76	
ivel	10	10 Investment income (P:		Part VIII coli	ie (Part VIII, line 2g) art VIII, column (A), lines 3, 4, and 7d)			PUBLIC IN	SPECTI	ON	30,195.			85,54			
R	11						6d, 8c, 9c, 10c, a)]		60,00			84,58	
	12						equal Part VIII, co						48,88		54,8		
	13						umn (A), lines 1-3)					5571	10,00	0	5170	10707	
								· • • •		• • • •				0			0
6				to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)					••	29,874,844.			32,9	09.89			
Expenses				I fundraising fees (Part IX, column (A), line 11e)								82,21			75,55		
per	h	Total fu	ndraisi	na exp	enses (Part I	X. column (D), line 25) ▶	11	.258.124	••••	••						
Ě							a-11d, 11f-24f)					22.2	82,39	9.	24,7	31.03	9.
	18						Part IX, column (/						39,45		58,2		
	19						n line 12						09,42		-3,4		
or												nning of C			End of		<u> </u>
Assets or d Balances	20	Total as	sets (Pa	art X. li	ine 16)							117,8	70,91	.9.	117,7	20,98	7.
Ass I Ba	21	Total lia	bilities	(Part X	(, line 26)						••	29,78	89,70)2.	33,7		
Net	22						from line 20						81,21		83,9		
Pa	rt II	Sign	nature	Block										I			
Unc	der per						eturn, including acc						t of my k	nowledg	ge and belie	, it is tru	e,
	ieci, ai		ele. Deci	aralion	oi preparer (o	ner man onic	er) is based on all ir	nonnau		eparerna	as any know	leuge.					
S	ign																
H	ere	Si	ignature	of office	er							C	Date				
_		📕 Ту	/pe or pi	rint nam	ne and title												
		Print/Ty	pe prep	arer's na	ame		Preparer's signatur	re		Date	9	Chec	k if		PTIN		
Paid												empl	oyed 🕨	•	P0091	6443	
-	oarer Only	Firm's n	ame		KPMG LI	ЪР	· · · · · · · · · · · · · · · · · · ·					EIN		13-5	565207		_
		Firm's a	ddress				JE NEW YORK								758-97	0	
May	the I	RS discu	uss this	returr	n with the pre	parer show	n above? (see inst	truction	ns)		<u></u> .				X Yes		No
For	Pape	rwork Re	eductio	n Act	Notice, see	the separat	e instructions.								Form 9	990 (20	(10)

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Х

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

• 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. Enter filer's identifying number, see instructions

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

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

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

Т	elephone No. ▶ <u>646-829-4400</u> 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 t	he whole group, check this box		and atta	ch
a lis	t 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 13 , to file the exempt organization return for the organization named at	oove	e. The ext	ension is
	for the organization's return for:			
	▶ calendar year 20 or			
	• X tax year beginning $07/01$, $20 11$, and ending $06/30$,	20_	12.	
2	If the tax year entered in line 1 is for less than 12 months, check reason:	ו		
	Change in accounting period			
20	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
Ja	nonrefundable credits. See instructions.	2-	e	
h	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	3a	Þ	
D	•••	.	¢	
•	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	•	^	
<u></u>	(Electronic Federal Tax Payment System). See instructions.	3c	T	
	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO ar		-orm 887	19-EO 10
payı	nent instructions.			

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Page 2 | X |

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. filing for

Part	Additional (Not Automatic 3-Month Exte			nal (no copies need	ed)		
	· · · · · ·			ter filer's identifying nur	mber, see instructions		
	Name of exempt organization or other file	er, see instructions.		Employer identifica	tion number (EIN) or		
Туре	or						
print	NEW YORK PUBLIC RADIO	_		13-301523	-3015230		
File by t	Number, street, and room or suite no. If a	P.O. box, see instru	ctions.	Social security num	ber (SSN)		
due dat	e for 160 VARICK STREET						
filing yo return. S		ode. For a foreign ad	dress, see instructions.				
instruct	ions. NEW YORK, NY 10013						
Enter	the Return code for the return that this appl	lication is for (file a	separate application for ea	ch return)			
Applic	ation	Return	Application		Return		
Is For		Code	Is For		Code		
Form	990	01					
Form	990-BL	02	Form 1041-A		08		
Form	990-EZ	01	Form 4720		09		
Form	990-PF	04	Form 5227		10		
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	990-T (trust other than above)	06	Form 8870		12		
STOP	Do not complete Part II if you were not a	Iready granted ar	automatic 3-month exten	sion on a previously f	iled Form 8868.		
	e books are in the care of ▶ <u>MICHELE_RU</u>						
	ephone No. 🕨 <u>646-829-4400</u>	· ·	FAX No. 🕨				
	ne organization does not have an office or p						
	his is for a Group Return, enter the organizat						
	e whole group, check this box		art of the group, check this t	×××××××××××××××××××××××××××××××××××××	and attach a		
	th the names and EINs of all members the e				· · · · · ·		
	request an additional 3-month extension of			, 20 <u>13</u> .			
	For calendar year, or other tax year			d ending 06/30	, 20 <u>_12_</u> ,		
6	f the tax year entered in line 5 is for less that	an 12 months, che	ck reason:	urn			
	Change in accounting period						
	State in detail why you need the extension		NECESSARY TO PREPAD	<u>RE A COMPLETE A</u>	ND		
-	ACCURATE RETURN IS NOT YET AV	AILABLE.		· · · · · · · · · · · · · · · · · · ·			
-	· · · · · · · · · · · · · · · · · · ·						
	f this application is for Form 990-BL, 990	DE 000 T 4720	or 6060 optor the test	ative tax less any			
	nonrefundable credits. See instructions.		, or oboa, enter the tent		\$		
-	f this application is for Form 990-PF,	000 T 4720 or	6069 enter any refun				
	estimated tax payments made. Include						
	amount paid previously with Form 8868.	any phot year c	weipayment anowed as		s		
	Balance Due. Subtract line 8b from line 8a.	Include your navm	ent with this form if require		<u> </u>		
	Electronic Federal Tax Payment System). Se		ion, and the form, a require		5		
			st be completed for P				
	penalties of perjury, I declare that I have examined the		•	-	w knowledge and belief		

it is true, correct, and complete, and that I am authorized to prepare this form. Digitally signed by barbarahunt DN: cn=barbarahunt Date: 2013.02.13 10:43:21 -05'00' Darsan & Hint

Signature 🕨

Title AUTHORIZED AGENT

Form 8868 (Rev. 1-2012)

Date 🕨

000007



441.114

Department of the Treasury Internal Revenue Service Ogden UT 84201 1001.3

IKS USE ONL I

Notice Number: CP211A Date: April 8, 2013

Taxpayer Identification Number: 13-3015230 Tax Form: 990 Tax Period: June 30, 2012 FE 3

016697.170566.0061.002 1 AT 0.384 373



NEW YORK PUBLIC RADIO 160 VARICK ST FL 7 NEW YORK NY 10013-1270

016697

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2013**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <u>www.irs.gov/eo</u>. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

			DT T	
NEI	N YO.	RK PU	BLTC	RADIO

13-	3015230	

Fo	m 990 (2011) Page 2
	art 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?
•	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?
٨	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	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.
1 2	(Code:) (Expenses \$ 34,345,818. including grants of \$) (Revenue \$ 5,348,762.)
40	SEE SCHEDULE O
	SEE SCHEDULE O
4	· (Code:) (Expenses f including grants of f) (Devenue f
41.	(Code:) (Expenses \$4,771,994. including grants of \$) (Revenue \$)
	TECHNICAL OPERATIONS FOR THE DISTRIBUTION AND SUPPORT OF
	PROGRAMMING ON WNYC AM, WNYC FM, WWW.WNYC.ORG, WNJT FM, WNJP FM,
	WNJY FM, WNJO FM, WWW.NJPR.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.
_	
4 c	: (Code:) (Expenses \$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.
_	
4 c	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
<u>4</u> e	Total program service expenses ► 42,094,314.
JSA	Form 990 (2011)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	–		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
9				
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
4.0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
		10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
-	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	444	Х	
	Schedule D, Part VI	11a	Λ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446	v	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
_	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			37
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		_	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

PAGE 4

Form 990 (2011)

JSA

Checklist of Required Schedules (continued) ves No 21 Did the organization report more than \$5.000 of grants and other assistance to any government or organization in the United States on Park IX, columa (k), line 27 if Yes, "complete Schedule I, Parts 1 and 11, and the organization area of Yes," complete Schedule I, Parts 1 and 11, and 12 if Xes 21 X 22 Did the organization area of Yes," complete Schedule I, Parts 1 and 11, oto 5 about compensation of the organization area taway area (Twos," complete Schedule I, Parts 1 and 11, oto 7 about compensation of the organization have a taway area (Twos," complete Schedule I, Parts 1 and 11, oto 7 about compensation of the organization maintain area taway area (Twos," complete Schedule I, Parts 1 and 11, oto 7 about compensation of the organization maintain area (Twos," complete Schedule I, Parts 1 and 11, oto 7 about compensation of the taway of the yes, Thut was issued atter December 31. 2007 If Yes," complete Schedule I, Part I, and I	Form 9	390 (2011)		I	Page 4
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and II. 21 X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and III. 22 X 23 Did the organization newer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization newer filters of the VIII. 23 X 24a Did the organization newer any proceeds of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue dater Describer 31, 2002? If "Yes," answer lines 2.4 Z4b X 24a Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? Z4c X 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization ange in an excess benefit transaction with a disqualified person outstanding as of the end of the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year? Z4d X 25a Section 501(c)(3) and 501(c)(4) organizations tark Schedule L, Part I. Z5a X Z4d X 25a X Did the organization or a dore orga circuin or assess the r	Part	IV Checklist of Required Schedules (continued)			
in the United States on Part IX, column (A), line 17 if Yes," complete Schedule I, Parts I and II. 21 X 22 Did the organization answer Yes' to Part VI, Section A, line 3, 4, or 5 shout compensation of the organization answer Yes' to Part VI, Section A, line 3, 4, or 5 shout compensation of the organization answer Yes' to Part VI, Section A, line 3, 4, or 5 shout compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24 and complete Schedule J 23 X 240 Did the organization haves any toxeceds of tax-exempt bonds beyond a temporary period exception? 24a X 241 Did the organization as an 'on behalf Of' issuer for bonds outstanding at any time during the year? 24c X 243 Did the organization axer as an 'on behalf Of' issuer for bonds outstanding at any time during the year? 24c X 243 Did the organization axer as an 'on behalf Of' issuer for bonds outstanding at any time during the year? 24d X 253 Section 501(c)(3) and 501(c)(4) organizations. Did the organization age in an excess benefit transaction with a disqualified person targ in the year? 24d X 254 M'' Was aloan to or by a current or former officer, furstee, key employee, highly compensated employee, or 38% controlled any of these persons?? If 'Yes,' complete Schedule L, Part I'. 25b X				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If "Vis," complete Schedule I, Parts I and III	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
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23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees if If "Yes," completes Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 24 X 24b Did the organization mean anitatin an escrew account other than a refunding escrew at any time during the year, to defease any tax-exempt bonds? 240 X 24b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person unstaction has not behalf of "issuer for bonds outstanding at any time during the year?. 24d X 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person unstaction has not been reported on any of the organization stop acurrent or former officer, director, trustee, key employee, highly compensated employee, and that the transaction has not been reported on any of the organization stop acurrent or former officer, director, trustee, key employee, highly compensated employee, and they employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to an officer, direc	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about componsation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule / 23 X 24.0 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? II "Yes," answer line 2, 4 24 X 24.0 Did the organization mixet any proceeds of tax-exempt bonds beyond a temporary period exception? 246 X 24.0 Did the organization mixet any proceeds of tax-exempt bonds outstanding at any time during the year? 246 X 25.0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization regage in an excess benefit transaction with a disqualified person outstanding as of the end of the organization stark year? II "Yes," complete Schedule L, Part I. 25a X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? II "Yes," complete Schedule L, Part I. 26a X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, we wenployee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? II "Yes," complete Schedule L, Part I. 26a X 28 Was th			22		Х
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 29 Did the organization receive, director, trustee, or key employee, or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or leve, or key employee (or a family member thereof) was an officer, director, trustee, or a key employee (or a family member thereof) was an officer, director, trustee, or a second the contributions? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I. 29 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 30 X 33 Did the organization receive and the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I. 34 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I. 35a X 35a <td< td=""><td>26</td><td>Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or</td><td></td><td></td><td></td></td<>	26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
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	50		38	x	

Form 990 (2011)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	- No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 218		100	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 515			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F =		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-		
_	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
-	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Form 990 (2011)

Form 9	990 (2011) NEW YORK PUBLIC RADIO 13-3015	5230		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI	•••	• •	X
Sect	ion A. Governing Body and Management		X	
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 35	-		
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 34	1		
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		100	162	X
10a	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a հ	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
D		12b	х	
с	rise to conflicts?			
U	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed • _ <u>CA</u> , <u>CT</u> , <u>FL</u> , <u>MA</u> , <u>NJ</u> , <u>NY</u> , <u>PA</u> ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply	501(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			

- X
 Own website
 Another's website
 X
 Upon request
- **19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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}

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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	box,	unles	Pos heck ss pe	rson	e than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) JEAN B ANGELL										
TRUSTEE	1.00	Х						C	0	0
(2) TOM BERNSTEIN										
TRUSTEE	1.00	Х						C	0	0
(3) DAVID R CAPLAN	-									
TRUSTEE	1.00	X						0	0	0
(4) JUDITH M CARSON TRUSTEE (STARTED 04/26/12)	1.00	x						C	0	0
(5) ANDREA COLLINS										
	1.00	X						C	0	0
CHARLES M DIKER TRUSTEE	1.00	х						C	0	0
(7) MARTHA J FLEISCHMAN										
TRUSTEE	1.00	Х						0	0	0
(8) SUSAN K FREEDMAN TRUSTEE (THROUGH 02/08/12)	1.00	x						C	0	0
(9) ALAN JENKINS										°
TRUSTEE (STARTED 06/29/12)	1.00	х						0	0	0
(10) ALEXANDER KAPLEN										
TRUSTEE	1.00	х						C	0	0
(11) PAMULA KINDLER										
TRUSTEE (THROUGH 06/29/12)	1.00	Х						C	0	0
_(12) KATE D LEVIN TRUSTEE	1.00	Х						C	0	0
(13) ANTON J LEVY TRUSTEE	1.00	x						C	0	0
(14) JOANNE MATTHEWS TRUSTEE	1.00	x						C	0	0

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Form 990 (2011)

(A) Name and title	(B) Average hours per week (describe	box, office	unles	ss pe	ition more rson	e than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	n i	(F) Estimated amount c other ompensat	of
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC	/ o a	from the rganizatio and relate rganizatio	on ed
5) ZARIN MEHTA TRUSTEE (THROUGH 04/26/12)	1.00	x						0		0		
6) BETHANY MILLARD TRUSTEE	1.00	X						0		0		
7) RICHARD A PACE TRUSTEE	1.00	x						0		0		
8) ELLEN POLANER TRUSTEE	1.00	x						0		0		
9) JONELLE PROCOPE TRUSTEE (STARTED 10/14/11)	1.00	x						0		0		
0) JOHN S ROSE TRUSTEE	1.00	x						0		0		
1) JON W ROTENSTREICH TRUSTEE	1.00	x						0		0		
2) JOSHUA SAPAN TRUSTEE	1.00	x						0		0		
3) HERB SCANNELL TRUSTEE, CHAIR	1.00	x		x				0		0		
4) IRWIN SCHNEIDERMAN TRUSTEE (THROUGH 11/16/11)	1.00	x						0		0		
5) LAUREN SEIKALY TRUSTEE	1.00	Х						0		0		
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-			• • •	•••	•••		0 3,559,288. 3,559,288.		0	388,7 388,7	
 2 Total number of individuals (including but not reportable compensation from the organization) 	limited to t		liste	d at	oove	e) who	re		\$100,000 of	9	500,	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or, or	tru							3	Yes	1
4 For any individual listed on line 1a, is the organization and related organizations groups of the organization of the organi	sum of rep eater than	ortab \$15	ole c 50,0	com 00?	pen If	sation "Yes,	ar "" (nd other compens complete Schedu	sation from the le J for such			
<i>individual</i>5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	rom	n any	uni	related organization	on or individual	4		
for services rendered to the organization? If "Yes	es," comple	te Scł	nedu	ıle J	for	such	ber	son	<u> </u>	5		
 Complete this table for your five highest com compensation from the organization. Report or year. 											x	
(A) Name and business add	Iress							(B) Description of se	ervices		C) Insation	-
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 ► 23

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(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average hours per week	`	not ch		more	e than or is both a		Reportable compensation from	Reporta compensati relate	on from	am	stimated nount of other	
	(describe hours for related organizations in Schedule O)	office of Individual trustee or director			ire Key employee	or/truste Highest compensated employee) Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	fro orga and	pensation om the anization d related anization	n d
) PETER SHAPIRO	1 00												
TRUSTEE (STARTED 06/29/12)	1.00	X						0		0			
) SUSAN REBELL SOLOMON TRUSTEE	1.00	x						0		0			
) ANNE SPITZER	1.00							0		0			-
TRUSTEE	1.00	x								0			
) HOWARD S STEIN	1.00	21											_
TRUSTEE, TREASURER	1.00	x		x				0		0			
) MAYO STUNTZ	1.00												-
TRUSTEE	1.00	x						C		0			
) PETER TAGUE													
TRUSTEE (STARTED 06/29/12)	1.00	X						C		0			
) NICKI NEWMAN TANNER													
TRUSTEE	1.00	Х						C		0			
) ANDREA L TAYLOR													
TRUSTEE	1.00	X						0		0			
) KEITH THOMAS													
TRUSTEE	1.00	Х						C		0			
) WILMA S TISCH	_												
TRUSTEE	1.00	X						C		0			
) CYNTHIA KING VANCE	1 0 0												
TRUSTEE, VICE CHAIR b Sub-total	1.00	X						0		0			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t		listed		bove	e) who	► ► re	ceived more than	\$100,000	of			
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	ľ
For any individual listed on line 1a, is the organization and related organizations gr individual	sum of rep eater than	oortab \$15	le c 0,00	om 00?	pen ' If	sation <i>"Yes,</i>	ar ″(nd other compens complete Schedu	sation from	the such	4	x	
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satic	on f	from	n any	uni	related organization	on or indiv	idual	5		
ection B. Independent Contractors Complete this table for your five highest con compensation from the organization. Report of year.													
(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) ompens	sation	
													_
							+						-

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 ►

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Part VII Section A. Officers, Directors, Tru (A)	(B)	/		(0				(D)	(E)		(F)	
Name and title	Average hours per week (describe	box, office	unles er and	Pos neck ss pe d a d	ition more erson lirect	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	stimated nount of other pensatio	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatior d related anization	k
37) LAURA R WALKER	25 00	v		x				E 2 0 0 0 2	0			06
PRESIDENT/CEO	35.00	X		Λ				530,983.	0		95,5	00
38) ALAN G WEILER	1 00	37		37								
TRUSTEE, SECRETARY	1.00	X		Х				0	0			
39) FRANK D YEARY	1 00	37										
TRUSTEE	1.00	X						0	0			
40) MICHELE RUSNAK	25 00							000 074			20 8	
VP, FINANCE & ADMIN / CFO	35.00			Х				232,274.	0		32,7	09
41) DEAN CAPELLO												
CCO, SVP, PROGRAMMING	35.00				X			308,627.	0		42,3	18
42) THOMAS HJELM												
VP & CHIEF DIGITAL OFFICER	35.00				X			208,132.	0		2	281
43) MARGARET HUNT												
VP, DEVELOPMENT	35.00				X			260,526.	0		26,4	04
44) NOREEN O'LOUGHLIN												
VP, INTEGRATED MKT&GEN MGR TGS	35.00				X			243,589.	0		20,0	59
45) GRAHAM PARKER												
VP, WQXR	35.00				X			204,413.	0		7	743
46) CYNTHIA PRATER												
VP, HR & ORG. EFFECTIVENESS	35.00				X			214,354.	0		18,6	56
47) VINCENT GARDINO												
EXEC. DIRECTOR, UNDERWRITING	35.00					Х		255,497.	0		18,2	39
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 	ection A		•••	•••		e) who	K	ceived more than	\$100,000 of			
reportable compensation from the organization		65				·			·			
											Yes	Ν
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations groups of the sorganization	sum of rep eater than	ortab \$15	le c 0,0	om 00?	pen P If	isatioi "Yes	n ai s," (nd other compens complete Schedu	sation from the le J for such			
individual										4	X	_
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors	s, comple	10 301	i c uu	iie J		SUCIT	per	3011				

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	listed above) who received	

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Form 990 (2011) Part VII Section A. Officers, Directors, Tru	istoos Ka					and L	امنا	hast Component	od Employ	000 (0)	ontinuu		Page 8
(A) Name and title	(B) Average hours per week	(do i	not ch	(C Posi ieck	;) ition more	than o	ne	(D) Reportable compensation from	(E) Reportatio compensatio related	ble n from	Es	(F) timated tount o other	
	(describe hours for related organizations in Schedule O)	office official Individual trustee or director	and Institutional trustee	a Officer		Highest compensated	e) Former	the organization (W-2/1099-MISC)	(W-2/1099-	ons	fr org and	pensati om the anizatic d relate anizatio	on d
48) JOHN HOCKENBERRY HOST	35.00					x		306,000.		0		39,0	074
49) BRIAN LEHRER													
HOST 50) LEONARD LOPATE HOST	35.00					X X		313,949. 243,038.		0		31, ⁻ 26,8	
51) RICHARD TEDESCO UNDERWRITING MANAGER	35.00					x		237,906.		0		36,2	
	_												
	-												
	-												
1 b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-		 	•••	 	•••							
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	ceived more than	\$100,000 o	f			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,00	00?	lf	"Yes	;" (complete Schedu	le J for s	uch	4	X	
 5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i> 	accrue co	mpen	satio	on f	rom	any	uni	related organizati	on or individ	dual	5		X
Section B. Independent Contractors	os, compic	10 00/	louu		101	50011	pen		<u></u>		J		
 Complete this table for your five highest com compensation from the organization. Report or year. 													
(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) ompens	sation	
2 Total number of independent contractors (ir more than \$100,000 in compensation from th				iteo	d to	thos	e li	sted above) who	received				

Form 990 (2011)

NEW YORK PUBLIC RADIO

Form	,	,		JBLIC RADIO			13-30152	230 Page 9
Par	t VIII	Statement of Reven				T		1
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
fts,	с	Fundraising events	1c	859,410.				
nilai	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributi	ions) 1e	998,254.				
her	f	All other contributions, gifts, grants						
d di		and similar amounts not included a		47,502,692.				
an Co	g	Noncash contributions included in			40.250.255			
	h	Total. Add lines 1a-1f		Business Code	49,360,356.			
Program Service Revenue	2-	REVENUES FROM COLLABORATIV		515100	1,513,940.	1,513,940.		
Re	2a b	PRODUCTION	E AGREEMENI	515100	1,660,357.	1,660,357.		
lice	u c	COMM AFFAIRS / PROGRAMMING		900004	58,482.	58,482.		
Ser	d d	MISCELLANEOUS INCOME		900099	1,149,882.	1,149,882.		
Ē	e	TAXABLE UNDERWRITING		900004	966,101.		966,101.	
ogra	f	All other program service reve	enue				·	
Pro	g	Total. Add lines 2a-2f			5,348,762.			
	3	Investment income (including						
		other similar amounts)			185,542.		149.	185,393.
	4	Income from investment of ta	ax-exempt bond p	proceeds	0			
	5	Royalties			19,225.		6,898.	12,327.
		_	(i) Real	(ii) Personal				
	6a	Gross rents	151,623.	. 2,375.				
	b	Less: rental expenses	255,521.					
	c	Rental income or (loss)	-103,898.					
	d	Net rental income or (loss) .	(i) Securities	(ii) Other	-109,384.		-109,384.	
	7a	Gross amount from sales of	(1) 0000111100					
		assets other than inventory						
	b	Less: cost or other basis						
	с	and sales expenses						
		Net gain or (loss)			0			
e		Gross income from fundrais						
nu	•	events (not including \$	0					
eve		of contributions reported on li						
Ř		See Part IV, line 18		304,331.				
Other Revenue	b	Less: direct expenses	b	304,331.				
ŏ	С	Net income or (loss) from fund	draising events	· <u>····</u>	0			
	9a	Gross income from gaming ac						
		See Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gan	-		0			
	10a	Gross sales of inventor returns and allowances	a					
	b	Less: cost of goods sold	b					
ł	С	Net income or (loss) from sale Miscellaneous Revenu		■ Business Code	0			
-					E 580			E 555
				900099	5,572.			5,572.
	b							
	c d	All other revenue						
	a e	Total. Add lines 11a-11d			5,572.			
	12	Total revenue. See instruction			54,810,073.	4,382,661.	863,764.	203,292.
					, 310, 0, 31	_, 302, 002.	505,701.	000

Form **990** (2011)

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).
Check if Schedule O contains a response to any question in this Port IX

	Check if Schedule O contains a resp	oonse to any question ir	n this Part IX		
	not include amounts reported on lines 6b, , 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 United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,889,874.	2,103,715.	391,609.	394,550.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	24,585,929.	18,662,284.	1,250,354.	4,673,291.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	492,102.	314,272.	72,853.	104,977.
9	Other employee benefits	3,042,812.	2,262,098.	283,230.	497,484.
10	Payroll taxes	1,899,174.	1,405,982.	167,474.	325,718.
11	Fees for services (non-employees):				
а	Management	0			
	Legal	276,980.	55,925.	221,055.	
с	Accounting	226,741.	179,721.	16,096.	30,924.
d	Lobbying	60,095.			60,095.
е	Professional fundraising services. See Part IV, line 17	575,559.			575,559.
f	Investment management fees	200,000.		200,000.	
g	Other	2,999,524.	2,353,248.	520,328.	125,948.
12	Advertising and promotion	1,862,683.	1,175,635.	38,756.	648,292.
13	Office expenses	1,039,050.	800,398.	86,095.	152,557.
14	Information technology	595,033.	254,399.	69,237.	271,397.
15	Royalties	0			
16	Occupancy	4,034,281.	3,547,213.	171,420.	315,648.
17	Travel	661,315.	582,815.	36,041.	42,459.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	288,406.	160,650.	33,750.	94,006.
20	Interest	502,904.		502,904.	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,268,548.	2,589,671.	232,393.	446,484.
23	Insurance	212,817.	167,820.	16,804.	28,193.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	PROGRAM_ACQUISITION	5,478,074.	5,478,074.		
	MEMBERSHIP_SERVICES	2,470,936.	394.		2,470,542.
	FINANCING_COSTS	195,740.		195,740.	
d	BAD_DEBT	407,912.		407,912.	
е	All other expenses				
25	· · · · · ·	58,266,489.	42,094,314.	4,914,051.	11,258,124.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \blacktriangleright if following SOP 82 (ASC 958 720)				
154	following SOP 98-2 (ASC 958-720)	0			

Part X	Balance Sheet				
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		612,653.	1	172,662.
2	Savings and temporary cash investments		29,821,212.	2	22,356,559.
3	Pledges and grants receivable, net	[11,968,170.	3	9,767,222
4	Accounts receivable, net	[2,542,958.	4	3,237,280
5	Receivables from current and former officers,	directors, trustees, key			
	employees, and highest compensated employe	ees. Complete Part II of			
	Schedule L		0	5	
6	Schedule L Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of se	c)(3)(B), and contributing			
	employees' beneficiary organizations (see instruct		0	6	
Assets 8 2	Notes and loans receivable, net		0	7	
8 ss	Inventories for sale or use		0	8	
₹ 9	Prepaid expenses and deferred charges			9	755,454
-	Land, buildings, and equipment: cost or			-	
	other basis. Complete Part VI of Schedule D				
h	Less: accumulated depreciation		28,483,479.1	10c	26,455,512.
11	Investments - publicly traded securities			11	12,726,290
12	Investments - other securities. See Part IV, line 11			12	12,820,702
13	Investments - program-related. See Part IV, line 11			13	12,020,102
14				14	
14	Intangible assets			15	29,429,306
16	Other assets. See Part IV, line 11			16	117,720,987
17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			17	11,871,385
				18	11,071,505
18	Grants payable			19	
19	Deferred revenue				15,145,000
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete		0,	21	
22	Payables to current and former officers,				
Liabilities	employees, highest compensated employees, a				
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelate			23	
24	Unsecured notes and loans payable to unrelated		0 :	24	
25	Other liabilities (including federal income tax, pay				
	parties, and other liabilities not included on lines	,			
	of Schedule D			25	6,736,482
26	Total liabilities. Add lines 17 through 25		29,789,702.	26	33,752,867
ces	Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.				
ŭ 27	Unrestricted net assets			27	74,889,430.
8 28	Temporarily restricted net assets			28	8,729,022
29	Permanently restricted net assets		353,905.	29	349,668
or Fund Balances 6 8 2 6 6 8 2	Organizations that do not follow SFAS 117, che complete lines 30 through 34.				
ឡ 30	Capital stock or trust principal, or current funds			30	
30 ASSets 31 32 32	Paid-in or capital surplus, or land, building, or equ	ipment fund	:	31	
	Retained earnings, endowment, accumulated inco	ome, or other funds	:	32	
T 33	Total net assets or fund balances		88,081,217.	33	83,968,120
34	Total liabilities and net assets/fund balances			34	117,720,987.
<u> </u>					Form 990 (2011

Form 990 (2011)

For	n 990 (2011)				Paç	ge 12
Ра	Int XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	54	1,81	L0,0	73.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58	3,26	56,4	89.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	3,45	56,4	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88			17.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	L	-65	56,6	581.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	83	8,96	58,1	20.
Ра	Int 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e. Schedule O.	xplair	ı in		100	110
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		1	2a		Х
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	overs	sight			
	of the audit, review, or compilation of its financial statements and selection of an independent accounta		· · · _	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ear w	ree			
	issued on a separate basis, consolidated basis, or both:					
22	X Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	h in			
Jd	the Single Audit Act and OMP Circular A 1222			3a		х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao				
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	•		3b		

Form **990** (2011)

SCHEDULE A

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

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

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization NEW YORK PUBLIC RADIO Employer identification number D/B/A WNYC RADIO, WOXR AND NJ PUBLIC RADIO 13-3015230 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Х 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. Type I b Tvpe II с Type III - Functionally integrated d Type III - Other а By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified е 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No Yes (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? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (v) Did you notify (ii) EIN (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

Tota	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011



Schedule A (Form 990 or 990-EZ) 2011

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,180,564.	50,033,877.	49,488,043.	46,811,504.	49,360,356.	236,874,344.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1,908,835.					1,908,835.
4	Total. Add lines 1 through 3	43,089,399.	50,033,877.	49,488,043.	46,811,504.	49,360,356.	238,783,179.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						6,188,843.
6	Public support. Subtract line 5 from line 4.						232,594,336.
Sec	tion B. Total Support	Γ	I I				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	43,089,399.	50,033,877.	49,488,043.	46,811,504.	49,360,356.	238,783,179.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,132,303.	311,880.	56,965.	69,944.	203,599.	1,774,691.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						240,557,870.
12	Gross receipts from related activities, etc. (s	see instructions) .			l	12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2011 (li		· ·			14	96.69%
15	Public support percentage from 2010					15	96.32%
16a	331/3% support test - 2011. If the c	organization did	not check the I	box on line 13,	and line 14 is	331/3% or mor	
	this box and stop here. The organizati	•		•			
b	331/3% support test - 2010. If the o	-					
	check this box and stop here. The org	-					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part IV how the organization meets			-	-		upported
	organization						▶∟
b	10%-facts-and-circumstances test - :	-	-				
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organzati				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions	<u></u>	<u></u>				<u></u>

Schedule A (Form 990 or 990-EZ) 2011

2552323

Schedule A (Form 990 or 990-EZ) 2011

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.)

	tion A. Public Support ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		(a) 2007	(b) 2000	(0) 2009	(0) 2010	(e) 2011	
1	, , ,						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
~	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						-
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
h	sources Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	r fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here						► [
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8	, column (f) divid	ed by line 13, colur	mn (f))		15	
16	Public support percentage from 2010 Sche					16	
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2011 (li			3. column (f))		17	
18	Investment income percentage for 2011 (in					18	
	331/3% support tests - 2011. If the or						
10 ~							
19a	17 is not more then 224/20/ sheet the	ns bux and sto		•		•••••	-
	17 is not more than 331/3%, check th	noizotion d'-l - ·				s more man 331.	1 vo and
	331/3% support tests - 2010. If the orga						. Г
		this box and s	top here. The or	ganization qualif	ies as a publicly	supported organ	nization 🕨

Schedule A (Form 990 or 990-EZ) 2011

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

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E	mployer	identification	number
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Name	of	the	organization	

NEW YORK PUBLIC RADIO

D/B/A WNYC RADIO, WOXR AND NJ PUBLIC RADIO

13-3015230

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

|X| 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, total 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 total 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 \blacktriangleright

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 Part I, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page 2
Name of organization NEW YORK PUBLIC RADIO	Employer identification number
D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO	13-3015230

(c) Total contributions \$4,303,686. \$(c) Total contributions \$(c) Total contributions \$(c) Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution
(c) 	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution
Total contributions \$ \$ (c)	(d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution
(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution
	Type of contribution
	B
\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(c) Total contributions	(d) Type of contribution
\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(c) Total contributions \$

	rm 990, 990-EZ, or 990-PF) (2011) nization NEW YORK PUBLIC RADIO	Employer ir	Pag dentification number
ane or organ	D/B/A WNYC RADIO, WQXR AND NJ PUBLIC		13-3015230
Part II No	oncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

2552323

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

	(Form 990, 990-EZ, or 990-PF) (2011)			Page 4
Name of or	rganization NEW YORK PUBLIC RADIO			Employer identification number
Dent III	D/B/A WNYC RADIO, WQXR			
	Exclusively religious, charitable, etc., that total more than \$1,000 for the ye For organizations completing Part III, e	ear. Complete colur enter the total of exc	nns (a) through (e <i>lusively</i> religious, c) and the following line entry. haritable, etc.,
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	•		e instructions.) ►\$
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	ior of aift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	ier of aift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No.		,		
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of aift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

(FUI	III 990 01 990-EZ)					
			organizations Exempt From Incom			
Depa	rtment of the Treasury	🕨 🕨 Comp	elete if the organization is described be		to Form 990 or Form 990	Open to Public
Interr	nal Revenue Service		See separat			Inspection
	•		to Form 990, Part IV, line 3, or Form		(Political Campaign Activiti	ies), then
			Complete Parts I-A and B. Do not complete		Do not complete Dort I D	
			on 501(c)(3)) organizations: Complete F	Parts I-A and C below. L	Do not complete Part I-B.	
	Section 527 organiza		to Form 990, Part IV, line 4, or Form 9	000 EZ Dort VI line 47	(Lobbying Activities) then	
			that have filed Form 5768 (election un			
		-	that have NOT filed Form 5768 (election difference)			
		-	to Form 990, Part IV, line 5 (Proxy Ta			
			anizations: Complete Part III.	x) of Form 990-EZ, Fai	rt v, iiile 550 (Floxy Tax), iii	
	e of organization NEW				Employer identit	fication number
			AND NJ PUBLIC RADIO		13-303	
			rganization is exempt under s	section 501(c) or i		
1			organization's direct and indirect p			
2						
2						
3	volunteer nours_				· · · · · · · · · · · · · · · · · · ·	
Par	t I-B Complete	e if the o	rganization is exempt under se	ection 501(c)(3)		
1			cise tax incurred by the organization		5 ▶\$	
2		-	cise tax incurred by organization mathematical by			
2			a section 4955 tax, did it file Form			
-						
	If "Yes," describe in					🗆 Yes 🗀 No
			rganization is exempt under s	section 501(c), ex	cept section 501(c)(3)).
1			xpended by the filing organization			
-		•				
2			ng organization's funds contributed			
			es	•		
3			enditures. Add lines 1 and 2. En			
4			e Form 1120-POL for this year?			Yes No
5			and employer identification numb			
	organization made	e payment	s. For each organization listed, en	ter the amount paid	d from the filing organiz	ation's funds. Also ente
			tributions received that were prom			
	as a separate segr	regated fu	nd or a political action committee	(PAC). If additional s	space is needed, provide	e 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)						

Political Campaign and Lobbying Activities

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

Schedule C (Form 990 or 990-EZ) 2011

JSA 1E1264 1.000

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047

_		on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
Ā	section 501(h)). Check ► if the filing organization	belongs to an affiliated group (and list in Pa	art IV each affiliated o	roup member's
	name, address, EIN, exp	enses, and share of excess lobbying expend	ditures).	оороо о
В	Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
		ying Expenditures eans 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)	63,597.	
С	Total lobbying expenditures (add lines 1	a and 1b)	63,597.	
d	Other exempt purpose expenditures		42,297,600.	
е	Total exempt purpose expenditures (add	l lines 1c and 1d)	42,361,197.	
f	Lobbying nontaxable amount. Enter the	amount from the following table in both		
	columns.		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	i% of line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0	0
i	Subtract line 1f from line 1c. If zero or le		0	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?			Yes X 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 Exper	nditures During 4-Y	ear Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a 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	78,430.	84,060.	81,668.	63,597.	307,755.
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					

Schedule C (Form 990 or 990-EZ) 2011

Page	3

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)).

or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description f the lobbying activity.	Yes	No			
				Amount	
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? 					
 Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 					
 j Total. Add lines 1c through 1i 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 50 501(c)(6).		, or s	section		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	1(c)(5)	, or s	ection		
answered "Yes." Dues, assessments and similar amounts from members			1		
Section 162(e) nondeductible lobbying and political expenditures (do not include and political expenses for which the section 527(f) tax was paid).					
a Current year b Carryover from last year			2a 2b		
c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d If notices were sent and the amount on line 2c exceeds the amount on line 3, what portice			2c 3		
excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		-	4 5		
Part IV Supplemental Information					
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, lin . Also, complete this part for any additional information.	e 5; Pa	art II-A	; and Pa	art II-B, lir	ne

_ _ _

Page 4

Part IV Supplemental Information (continued)

(For	EDULE D m 990) tment of the Treasury al Revenue Service	Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ► Attach to Form 990. ► See separate instructions.	
Name	of the organization	NEW YORK PUBLIC RADIO	Employer identification number
		, WQXR AND NJ PUBLIC RADIO	13-3015230
Par		tions Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organizat	ion answered "Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1		nd of year	
2		utions to (during year)	
3		from (during year)	
4		t end of year	
5	-	on inform all donors and donor advisors in writing that the assets held in do	
	-	nization's property, subject to the organization's exclusive legal control?	
6	-	on inform all grantees, donors, and donor advisors in writing that grant funds	
		purposes and not for the benefit of the donor or donor advisor, or for any or	
Par		issible private benefit?	
1 ai		servation easements held by the organization (check all that apply).	
•			an historically important land area
			a certified historic structure
		of open space	
2		through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
_		ast day of the tax year.	
			Held at the End of the Tax Year
а	Total number of co	onservation easements	2a
b			2b
С			2c
d	Number of conser	vation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure l	isted in the National Register	2d
3	Number of conser	vation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
	tax year 🕨		
4		where property subject to conservation easement is located	
5		tion have a written policy regarding the periodic monitoring, inspection, hand	
		orcement of the conservation easements it holds?	
6	Staff and voluntee	r hours devoted to monitoring, inspecting, and enforcing conservation easen	nents during the year
	•		
7		es incurred in monitoring, inspecting, and enforcing conservation easements	s during the year
	▶\$		
8		vation easement reported on line 2(d) above satisfy the requirements of section	
9	(I) and section 170	h(h)(4)(B)(ii)? ibe how the organization reports conservation easements in its revenue and e	
9		d include, if applicable, the text of the footnote to the organization's financial	•
		ounting for conservation easements.	
Par		tions Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete	e if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization	elected as permitted under SEAS 116 (ASC 958) not to report in its rev	venue statement and balance sheet
	works of art, hist	n elected, as permitted under SFAS 116 (ASC 958), not to report in its revortant in the revortant in the revortant in the revolucian structure in the rest of the footnote to its financial statements that described wide, in Part XIV, the text of the footnote to its financial statements that described with the rest of the footnote to its financial statements that described with the rest of the footnote to its financial statements that described with the rest of the footnote to its financial statements that described with the rest of the footnote to its financial statements that described with the rest of the footnote to its financial statements that described with the rest of the footnote to its financial statements that described with the rest of the re	tion, or research in furtherance of
b		n elected, as permitted under SFAS 116 (ASC 958), to report in its revolution or a similar assets held for public exhibition, educa	
		vide the following amounts relating to these items:	
		uded in Form 990, Part VIII, line 1	▶\$
		d in Form 990, Part X	
2		n received or held works of art, historical treasures, or other similar as	
		required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues include	d in Form 990, Part VIII, line 1	
		Form 990, Part X	
For P	aperwork Reduction	Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2011

Schee	dule D (Form 990) 2011									F	Page 2
Par	t III Organizations Maintaini	ng Collections of	Art, Historic	al Trea	asures, o	or Other	Similar A	Assets (c	continue	ed)	
3	Using the organization's acquisition collection items (check all that applied to the second s		other records,	check	any of t	he follow	ving that a	ire a sigr	nificant u	use o	of its
а	Public exhibition		d	Loan	or excha	ange prog	grams				
b	Scholarly research		e 🗌	Othe	r						
С	Preservation for future ge	nerations									
4	Provide a description of the organ	nization's collections	and explain	how th	ey furthe	er the or	ganization'	s exemp	t purpos	e in	Part
	XIV.										
5	During the year, did the organization										٦
	assets to be sold to raise funds rath				-				Yes		No
Par	t IV Escrow and Custodial A line 9, or reported an an				zation a	nswered	"Yes" to	Form 99	0, Part	IV,	
1a	Is the organization an agent, truste	e, custodian or othe	r intermediary	for con	ntribution	s or othe	r assets no	t			
	included on Form 990, Part X?							_	Yes		No
b	If "Yes," explain the arrangement in										-
				U			A	mount			
с	Beginning balance				1	c					
	Additions during the year					d					
	Distributions during the year					e					
f	Ending balance				1	f					
2a	Did the organization include an am	ount on Form 990, I	Part X, line 213	?					Yes		No
b	If "Yes," explain the arrangement in	Part XIV.						_			-
Par	t V Endowment Funds. Com	plete if the organ	nization answ	ered "	Yes" to F	orm 99	0, Part IV,	line 10.			
		(a) Current year	(b) Prior yea	ar	(c) Two ye	ears back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	353,905.	250,0	200.	25	0,000.	250	0,000.			
b	Contributions		100,0	.000							
С	Net investment earnings, gains,										
	and losses	2,347.	8,0	596.		73.					
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	б,584.	4,'	791.		73.					
g	End of year balance	349,668.	353,9	905.	25	0,000.	250	0,000.			
2	Provide the estimated percentage	of the current year e	nd balance (lir	ne 1g, c	column (a)) held as	:				
а	Board designated or quasi-endown	nent 🕨	%								
b	Permanent endowment > 100.0	000 %	_								
С	Temporarily restricted endowment	▶ %									
	The percentages in lines 2a, 2b, an	d 2c should equal 1	00%.								
3a	Are there endowment funds not in	the possession of th	ne organizatio	n that a	re held a	and admir	nistered for	the	_		
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)		Х
b	If "Yes" to 3a(ii), are the related org	anizations listed as	required on Sc	hedule	R?				3b		
4	Describe in Part XIV the intended u	v									
Par	t VI Land, Buildings, and Equ	ipment. See Forr	<u>n 990, Part X</u>	(, line 1	10.	_					
	Description of property		other basis (b tment)	Cost or (oth	other basis her)		cumulated reciation	(0	I) Book val	ue	
1a	Land										
b	Buildings										
С	Leasehold improvements				45,557		60,611.		18,68	34,9	46.
d	Equipment			14,87	79,001	. 8,7	24,255.		6,15	54,7	46.
	Other				61,561		45,741.		1,61		
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, d	column	(B), line	10(c).)	🕨		26,45	55,5	12.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

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) EQUITY	2,245,313.	FMV
(B) GLOBAL EQUITY	2,168,889.	FMV
(C) EMERGING MARKETS	651,541.	FMV
(D) HEDGE FUNDS	5,609,261.	FMV
(E) INFLATION HEDGING	1,356,277.	FMV
(F) FIXED INCOME	789,421.	FMV
(G)		
(H)	-	
	N 10,000,700	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See	► 12,820,702.	
		(a) Method of voluction:
(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)		
(8) (9)		
(8) (9) (10)	►	
(8) (9) (10)		
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X		(b) Book value
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X	, line 15.	
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X	, line 15.	28,802,254
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE 	, line 15.	28,802,254
<pre>(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3)</pre>	, line 15.	28,802,254
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS	, line 15.	28,802,254
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) 	, line 15.	28,802,254
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5)	, line 15.	28,802,254
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6)	, line 15.	28,802,254
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7)	, line 15.	28,802,254
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9)	, line 15.	28,802,254
(8) (9) (10) (10) (11) For an equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) (10)	, line 15. (a) Description	28,802,254 627,052
(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 (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8)	, line 15. (a) Description	(b) Book value 28,802,254 627,052
(8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	, line 15. (a) Description	28,802,254 627,052
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part	, line 15. (a) Description	28,802,254 627,052
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability 	, line 15. (a) Description	28,802,254 627,052
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability (1) Federal income taxes 	t X, line 25.	28,802,254 627,052
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability (1) Federal income taxes (2) FAIR VALUE OF SWAP 	t X, line 25.	28,802,254 627,053
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability (1) Federal income taxes (2) FAIR VALUE OF SWAP (3) REFUNDABLE ADVANCE 	t X, line 25. (b) Book value 2,461,740. 1,000,000.	28,802,254 627,053
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability (1) Federal income taxes (2) FAIR VALUE OF SWAP (3) REFUNDABLE ADVANCE (4) OTHER LIABILITIES	t X, line 25. (b) Book value 2,461,740. 1,000,000.	28,802,25
(8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability (1) Federal income taxes (2) FAIR VALUE OF SWAP (3) REFUNDABLE ADVANCE (4) OTHER LIABILITIES (5) (6)	t X, line 25. (b) Book value 2,461,740. 1,000,000.	28,802,25
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) . Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) . (1) Federal income taxes (2) FAIR VALUE OF SWAP (3) REFUNDABLE ADVANCE (4) OTHER LIABILITIES (5) (6) (7) 	t X, line 25. (b) Book value 2,461,740. 1,000,000.	28,802,25 627,05
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (C) line 15.) (a) Description of liability (1) Federal income taxes (2) FAIR VALUE OF SWAP (3) REFUNDABLE ADVANCE (4) OTHER LIABILITIES (5) (6) (7) (8) 	t X, line 25. (b) Book value 2,461,740. 1,000,000.	28,802,25 627,05
 (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) 	t X, line 25. (b) Book value 2,461,740. 1,000,000.	28,802,254 627,053
 (8) (9) (10) (2) Other Assets. See Form 990, Part X, col. (B) line 13.) (1) FCC LICENSE (2) OTHER ASSETS (3) (4) (5) (6) (7) (8) (9) (10) (6) (7) (8) (9) (10) (6) (7) (8) (9) (10) (8) (9) (10) (9) (10) (11) (12) (12) (13) (14) (15) (14) (15) (15) (16) (17) (18) (18) 	t X, line 25. (b) Book value 2,461,740. 1,000,000.	28,802,254 627,053

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).

	NEW YORK PUBLIC RADIO	13	8-30	15230
Schedu	le D (Form 990) 2011			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nents	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		54,810,073.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		58,266,489.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-3,456,416.
4	Net unrealized gains (losses) on investments	4		258,315.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		-914,996.
9	Total adjustments (net). Add lines 4 through 8	9		-656,681.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			-4,113,097.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn		
1	Total revenue, gains, and other support per audited financial statements	. 🗆	1	55,341,530.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a 258,31			
b	Donated services and use of facilities 2b 9,76	0.		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.) 2d 263,38	2.		
е	Add lines 2a through 2d	· -	2e	531,457.
3	Subtract line 2e from line 1	•	3	54,810,073.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.) 4b	_		
_ C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	54,810,073.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturi		<u> </u>
1	Total expenses and losses per audited financial statements	• –	1	58,539,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a L	Donated services and use of facilities 2a 9,76	0.		
b	Prior year adjustments 2b Other losses 2c	_		
C h		_		
d e	Add lines 2n through 2d	_	20	273,142.
3	Subtract line 2e from line 1	•	2e 3	58,266,489.
J 1	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• –	3	50,200,405.
a				
b		_		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	•	5	58,266,489.
_	XIV Supplemental Information	•	5	50,200,105.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV	lines	1h and 2h
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp			
	dditional information.		- 1	
CDD	PAGE 5			
	PAGE 5			

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Schedule D (Form 990) 2011

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 INTEREST RATE SWAP AGREEMENT.

Schedule D (Form 990) 2011

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Part XIV Supplemental Information (continued)

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 D (Form 990) 2011

SCHE	EDULE F Stater	nent of Δ	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(Forn	n 990)	Complete if	2011			
	ent of the Treasury Revenue Service	► Attach	-	14b, 15, or 16. ► See separate instructions.		Open to Public Inspection
	the organization NEW YORK PU					lentification number
D/B/Z	A WNYC RADIO, WQXR AN			Jnited States. Complete	13-301	
Parti	Form 990, Part IV, line 14			Shiled States. Complete	in the organization a	answered res to
	or grantmakers. Does the orga				•	
	ssistance, the grantees' eligibility					
g	rants or assistance?					Yes No
	or grantmakers. Describe in ssistance outside the United Sta		ganization's pr	rocedures for monitoring	the use of its gra	ants and other
3 A	ctivities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (a program service describe specific typ service(s) in region	e of expenditures for and investments
(1)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		4,292,822.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(</u> 14)						
<u>(</u> 15)						
<u>(16)</u>						
(17)						
3a b	Sub-total Total from continuation sheets to Part I					4,292,822.
-	Totals (add lines 3a and 3b) perwork Reduction Act Notice, se	e the Instruction	s for Form 990.		Sc	4,292,822. thedule F (Form 990) 2011

Part II	Grants and Other Assis Part IV, line 15, for any part IV can be duplicated	recipient who receiv	ed more than \$5,000	le the United S). Check this b	tates. Complete ox if no one recip	if the organiza ient received r	ation answered " nore than \$5,00	Yes" to Form 0	990, ▶□
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
<u>(10)</u>									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by th	r total number of recipient org e IRS, or for which the granted r total number of other organiz	e or counsel has provid	ded a section 501(c)(3)	equivalency letter					
JSA							· · · ·	Schedule F	(Form 990) 2011

NEW YORK PUBLIC RADIO

Schedule F (Form 990) 2011

1E1275 1.000

Page **2**

Part III can be duplicated if ad (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
1)							
2)							
3)							
l)							
5)							
5)							
7)							
3)							
9)							
))							
)							
2)							
3)							
4)							
5)							
6)							
7)							
3)							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

JSA

1E1276 1.000

NEW YORK PUBLIC RADIO

Sched	ule F (Form 990) 2011			Page 4
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X	Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	X	Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		Yes	X No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes

Schedule F (Form 990) 2011

No

Х

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

					Devending	.	OMB No. 1545-0047
SCHEDULE G	5	upplementa					2011
(Form 990 or 990-EZ)	Complete if	Fundraising the organization answe	J OI Ga red "Yes" to	Form 990. P	ACTIVITIES art IV. lines 17, 18, or	19. or if the	
Department of the Treasury	-	organization entered i Attach to Form 990 or	more than \$1	5,000 on Fo	rm 990-EZ, line 6a.		Open to Public Inspection
Internal Revenue Service Name of the organization	NEW YORK PUBL		F0111 990-E2	. P See se	parate instructions.	Employer identification	
D/B/A WNYC RADIO)			13-3015230	
Fundraisi		nplete if the organ		nswered	"Yes" to Form 9		
		required to comp					
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
a X Mail solicitat	ions	е	X Solic	itation of	non-government g	Irants	
b X Internet and	email solicitations	f	X Solic	itation of	government grant	S	
c X Phone solicit	ations	g	X Spec	cial fundra	ising events		
d X In-person so	licitations						
2a Did the organizat							
or key employees	s listed in Form 990), Part VII) or entity	in connec	tion with p	professional fundra	ising services?	X Yes No
b If "Yes," list the to compensated at I	en highest paid ind east \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and addre or entity (fur		(ii) Activity	custody o	r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1		PLEDGE					
STENOCALL		DRIVE		Х		140,742.	
2		FUNDRAISING					
LEWIS KENNEDY AS	SOCIATES	ADVISORY		X		132,314.	
3		TELEPHONE				100.004	
ARIA COMMUNICATI	ONS	FUNDRAISING		X		100,204.	
4		FUNDRAISING		37		26.650	
JAY CLAYTON ASSC	CIATES	ADVISORY		X		36,652.	
J INNOVATIVE PHILA	NTUDODY	FUNDRAISING ADVISORY		x		85,751.	
6		FUNDRAISING				05,751.	
JOHN SUTTON & AS	SOCIATES	ADVISORY		x		40,895.	
7		FUNDRAISING				10,020	
BRUCE FAGIN & CC	MPANY, INC.	ADVISORY		х		39,000.	
8							
9							
10							
	which the organiza	tion is registered c			contributions or	575,558. has been notified	
CA, CT, FL, MA, NJ, N	-						
	·						
Panorwork Doduction Act N		e for Earm 000 000 F	7			Sobodula O /E	rm 990 or 990-EZ) 2011
Paperwork Reduction Act No	save, see the instruction	13 101 1 01111 330 01 330-E				Scheuule G (FO	

Paperw... JSA 1E1281 1.000 2756BJ E299 Form 990 or 990

Schedule G (Form 990 or 990-FZ) 2011

Page 2

		(a) Event #1 GALA	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through
,		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	1,163,741.			1,163,74
	2 Less: Charitable contributions	859,410.			859,42
	3 Gross income (line 1 minus line 2)				304,3
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	18,300.			18,3
	7 Food and beverages	83,135.			83,1
	8 Entertainment	19,935.			19,93
	9 Other direct expenses	182,961.			182,90
1	 Direct expense summary. Add lines Net income summary. Combine line Gaming. Complete if the org 	3, column (d), and line 10)	<u> </u>	(304,33
	than \$15,000 on Form 990-I		es to Form 990, Pan		1
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
2	1 Gross revenue				
	1 Gross revenue 2 Cash prizes				
	2 Cash prizes				
	2 Cash prizes3 Noncash prizes				
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Valuate as labor 	Yes%		Yes%	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes%	No	No	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 	Yes%	Νο	No►	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes%	Νο	No►	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 8 Net gaming income summary. Comb Enter the state(s) in which the organiza 	2 through 5 in column (d)	No	No ▶	
) a	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 8 Net gaming income summary. Comb Enter the state(s) in which the organization licensed to operate 	2 through 5 in column (d)	l line 7	No No ►	(Yes !
a b	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 8 Net gaming income summary. Comb Enter the state(s) in which the organization licensed to operate If "No," explain: 	2 through 5 in column (d) 2 through 5 in column (d) bine line 1, column d, and tion operates gaming act gaming activities in each	l line 7	No ►	Yes _ M
) a b	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 8 Net gaming income summary. Comb Enter the state(s) in which the organiza Is the organization licensed to operate If "No," explain: 	2 through 5 in column (d) 2 through 5 in column (d) bine line 1, column d, and tion operates gaming act gaming activities in each	No I line 7 ivities:	No ►	(Yes N

NEW YORK PUBLIC RADIO	NEW	YORK	PUBLIC	RADIO
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Sched	ule G (Form 990 or 990-EZ) 2011 Page 3
11	Does the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a %
b	An outside facility
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?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party \blacktriangleright \$
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:
а	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	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 G (Form 990 or 990-EZ) 2011

(Fori	EDULE J m 990)	Compen For certain Officers, Dire Con ► Complete if the org ► Attach to Form	op	OMB No. 1545-0047				
	Revenue Service of the organization	NEW YORK PUBLIC RADIO	•	oloyer identification n				
	-	DIO, WOXR AND NJ PUBLIC RAI		13-3015230				
Part		ns Regarding Compensation		15 5015250				
I alu	Questio	ns rregarding compensation				Yes	No	
1a	990, Part VII,		ovided any of the following to or for a person p provide any relevant information regarding th Housing allowance or residence for per	ese items.				
	Travel fo	or companions	Payments for business use of personal	residence				
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation fe	ees				
	Discretio	onary spending account	Personal services (e.g., maid, chauffeur,	chef)				
b 2	If any of the or reimburse explain Did the organ	boxes on line 1a are checked, did the ment or provision of all of the ex nization require substantiation prior to	ne organization follow a written policy rega penses described above? If "No," comple reimbursing or allowing expenses incurred regarding the items checked in line 1a?	te Part III to by all officers,	1b 2			
3	organization's related organ X Comper X Indepen	CEO/Executive Director. Check all the	nization used to establish the compensation of at apply. Do not check any boxes for methods e CEO/Executive Director. Explain in Part III. Written employment contract Compensation survey or study X Approval by the board or compensation	used by a				
4 a b c	organization of Receive a sev Participate in, Participate in,	or a related organization: verance payment or change-of-control p , or receive payment from, a suppleme , or receive payment from, an equity-ba	Part VII, Section A, line 1a, with respect to the ayment? ntal nonqualified retirement plan? used compensation arrangement? rovide the applicable amounts for each item		4a 4b 4c	X	X X	
5 a b	For persons li compensation The organizat Any related or	n contingent on the revenues of: ion? rganization?	must complete lines 5-9. line 1a, did the organization pay or accrue any		5a 5b	X	X	
6	For persons li compensatior	n contingent on the net earnings of:	line 1a, did the organization pay or accrue any		63		x	
a b		raanization?		••••••	6a 6b		X	
b				•••••	00		<u></u>	
-		e 6a or 6b, describe in Part III.	A line to did the exercise the second	ony non fixed				
7			n A, line 1a, did the organization provide		_		v	
8	Were any am to the initial	nounts reported in Form 990, Part VII	escribe in Part III , paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If "\	at was subject ⁄es," describe	7		x	
9			ow the rebuttable presumption procedure					
-					9			
For Pa		ction Act Notice, see the Instructions for Fo		Schedul	-	rm 990) 2011	

Page 2

Schedule J (Form 990) 2011

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
	(i)	254,627.	54,000.		0 21,442.	20,876.	350,945.		
1 DEAN CAPELLO	(ii)	0	0		oo	0	0		
	(i)	255,497.	Q		5,787.	12,452.	273,736.		
2 VINCENT GARDINO	(ii)	0	0		p 0	0	0		
	(i)	188,132.	20,000.		pq	281.	208,413.		
3 THOMAS HJELM	(ii)	0	0		0 0	0	C		
	(i)	306,000.	Q		oq	39,074.	345,074.		
4 JOHN HOCKENBERRY	(ii)	0	0		0 0	0	C		
	(i)	219,526.	41,000.		7,123.	19,281.	286,930.		
5 MARGARET HUNT	(ii)	0	0		0 0	0	C		
	(i)	283,949.	30,000.		pq	31,707.	345,656.		
6 BRIAN LEHRER	(ii)	0	0		0 0	0	0		
	(i)	223,038.	20,000.		pq	26,805.	269,843.		
7 LEONARD LOPATE	(ii)	0	0		0 0	0	0		
	(i)	208,589.	35,000.		<u> </u>	20,059.	263,648.		
8 NOREEN O'LOUGHLIN	(ii)	0	0		0 0	0	0		
	(i)	175,413.	29,000.		<u>q</u> q		205,156.		
9 GRAHAM PARKER	(ii)	0	0		0 0	0	C		
	(i)	182,354.	32,000.		10,683.	7,973.	233,010.		
10 CYNTHIA PRATER	(ii)	0	0		0 0	0	C		
	(i)	192,274.	40,000.		12,799.	19,910.	264,983.		
11 MICHELE RUSNAK	(ii)	0	0		0 0	0	0		
	(i)	237,906.	0		2,002.	34,194.	274,102.		
12 RICHARD TEDESCO	(ii)	0	0		0 0	0	0		
	(i)	420,983.	110,000.		66,316.	29,270.	626,569.		
13 LAURA R WALKER	(ii)	0	0		0 0	0	C		
	(i)								
14	(ii)								
	(i)		+						
15	(ii)								
	(i)		+						
16	(ii)								

Schedule J (Form 990) 2011

V 11-6.5

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

UNDER THE CURRENT 457(F) ARRANGEMENT, LAURA WALKER RECEIVED \$52,355 IN

FUNDING. \$16,667 OF THE 457(F) PLAN VESTED IN FY12.

COMPENSATION CONTINGENT ON REVENUES

SCHEDULE J, PART I, LINE 5A

A PORTION OF THE UNDERWRITING EXECUTIVE DIRECTOR'S COMPENSATION IS BASED

ON THE GROSS UNDERWRITING REVENUES OF THE ORGANIZATION.

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2552323

Schedule J (Form 990) 2011

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.



Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.
See separate instructions.

Employer identification number 13-3015230

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

NEW YORK PUBLIC RADIO

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose		feased	(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	898328AA7	03/29/2006	23,000,000.	RENOVATION/CONSTRUCTION OF OFFICE		x		х		х
В											
<u>C</u>											
D Port II Proceeds											

га	FIOCEEUS								
			Α		В	(2	C)
1	Amount of bonds retired								
	Amount of bonds legally defeased								
	Total proceeds of issue	24,4	38,207.						
	Gross proceeds in reserve funds								
	Capitalized interest from proceeds								
	Proceeds in refunding escrows								
	Issuance costs from proceeds	4	27,664.						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	2,0	16,186.						
	Capital expenditures from proceeds	21,994,357.							
	Other spent proceeds								
12	Other unspent proceeds								
	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х						
15	Were the bonds issued as part of an advance refunding issue?		Х						
16	Has the final allocation of proceeds been made?	Х							
	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х							
Pa	t III Private Business Use								
			Α		В	(C)
1	Was the organization a partner in a partnership, or a member of an LLC, which owned	Yes	No	Yes	No	Yes	No	Yes	No
	property financed by tax-exempt bonds?		Х						
	Are there any lease arrangements that may result in private business use of bond-financed property?		Х						
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.						S	chedule K (Fo	rm 990) 2011

NEW YORK PUBLIC RADIO

13-3015230

Schedule K (Form 990) 2011

Part III Private Business Use (Continued)	TRU	IST FOR	CULTURA	L RESOU	RCES CIT	TY OF NI	EW YORK		
		A	4		В		С	ſ	D
3a Are there any management or service contracts that may result in private but		Yes	No	Yes	No	Yes	No	Yes	No
use of bond-financed property?		Х							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside c to review any management or service contracts relating to the financed property?	ounsel		х						
c Are there any research agreements that may result in private business use of financed property?			х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the financed properties.	other								
4 Enter the percentage of financed property used in a private business use by e other than a section 501(c)(3) organization or a state or local government			%		%		%		%
5 Enter the percentage of financed property used in a private business use result of unrelated trade or business activity carried on by your organiz another section 501(c)(3) organization, or a state or local government	zation,		%		%		%		%
6 Total of lines 4 and 5			%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		х							
Part IV Arbitrage									
	_		4		В		C		D
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Li		Yes X	No	Yes	No	Yes	No	Yes	No
Arbitrage Rebate, been filed with respect to the bond issue?		Λ							

2	Is the bond issue a variable rate issue?	Х				
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	x				
b	Name of provider		BANK			
	Term of hedge		20.000			
	Was the hedge superintegrated?		Х			
	Was the hedge terminated?		Х			
	Were gross proceeds invested in a guaranteed investment contract (GIC)?					
b	Name of provider	RBC				
с	Term of GIC		2.000			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х				
5	Were any gross proceeds invested beyond an available temporary period?		Х			
6	Did the bond issue qualify for an exception to rebate?		Х			

Part V Procedures To Undertake Corrective Action

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

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

Page 2

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047 201

Open To Public

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

► Attach to Form 990.

Inspection Employer identification number

Name of the organization NEW YORK PUBLIC RADIO

		D/B/A	WNYC	RADIO,	WQXR	AND	NJ	PUBLIC	RADIC
--	--	-------	------	--------	------	-----	----	--------	-------

13-3015230			
	13-	3015230	

Par	t 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		lethod of ash cont					
1	Art - Works of art										
2	Art - Historical treasures						-				
3	Art - Fractional interests										
4											
5	Clothing and household										
	goods										
6	Cars and other vehicles						-				
7	Boats and planes						-				
8	Intellectual property						-				
9	Securities - Publicly traded	Х	26.	257,492.	STOC	CK VAL	UE C	SIVE	N		
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	2.	77,254.		ROSOFT					
26	Other \blacktriangleright (<u>GOODS</u>))	X	114.	723,613.	VENI	DOR VA	LUE	USEI	2		
27	Other ►()				<u> </u>						
28	Other ►()										
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ar for contributions for							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29						
								Yes	No		
30 a	During the year, did the organizat		• • • • •	• •							
	it must hold for at least three yea										
	used for exempt purposes for the e		g period?				30a		X		
	If "Yes," describe the arrangement i										
31	Does the organization have a			-							
• •	contributions?				• . • •	· • • • !	31	X			
32a	Does the organization hire or use		•								
	contributions?				• • • •	· • • •	32a		X		
b	If "Yes," describe in Part II.				、						

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

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.

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

Name of the organizationNEW YORK PUBLIC RADIOD/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO

Employer identification number

13-3015230

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III, LINE 4A

NEW YORK PUBLIC RADIO CONSISTS OF WNYC AM 820, WNYC FM 93.9, WNJT FM 88.1, WNJP FM 88.5, WNJY FM 94.1, WNJO FM 90.3, WWW.WNYC.ORG, WOXR 105.9 FM, WWW.WOXR.ORG AND THE JEROME L. GREENE WWW.NJPR.ORG PERFORMANCE SPACE. WNYC AND WOXR 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 NEWS SHOW THE TAKEAWAY, RADIOLAB, ON THE MEDIA, STUDIO 360 WITH KURT ANDERSON, FREAKONOMICS RADIO AND HERE'S THE THING WITH ALEC WNYC'S ORIGINAL CONTENT IS AVAILABLE TO PEOPLE WHEREVER THEY BALDWIN. ARE VIA MOBILE PLATFORMS, ONLINE AUDIO STREAMS, PODCASTS AND SOCIAL MEDIA. WNYC ALSO PROVIDES NEW YORK AND NEW JERSEY WITH THE BEST PROGRAMMING FROM NPR, PUBLIC RADIO INTERNATIONAL, AMERICAN PUBLIC MEDIA, THE BBC, AND PUBLIC RADIO EXCHANGE. NEW JERSEY PUBLIC RADIO EXTENDS WNYC REACH AND SERVICE MORE DEEPLY INTO NEW JERSEY. WOXR 105.9 FM IS THE NATION'S MOST LISTENED-TO CLASSICAL STATION AND NEW YORK CITY'S ONLY ALL-CLASSICAL MUSIC STATION. IN PARTNERSHIP WITH CARNEGIE HALL AND AMERICAN PUBLIC MEDIA, WOXR INTRODUCED A NEW LIVE BROADCAST SERIES IN FY 2012 CALLED CARNEGIE HALL LIVE. ALSO IN FISCAL YEAR 2012, IT ALSO

NEW YORK PUBLIC RADIO

Name of the organization

LAUNCHED BEETHOVEN AWARENESS MONTH, A WQXR PRODUCED FESTIVAL. WQXR OFFERS PROGRAMS SUCH AS METROPOLITAN OPERA RADIO SATURDAY MATINEE BROADCASTS, NEW YORK PHILHARMONIC THIS WEEK AND THE MCGRAW-HILL COMPANIES YOUNG ARTISTS SHOWCASE. IN THE JEROME L. GREENE PERFORMANCE SPACE, WQXR GIVES AUDIENCES ACCESS TO A ROSTER OF CONCERTS, CONVERSATIONS, SEASON PREVIEWS AND LIVE RADIO SHOWS. WOXR.ORG HAS ESTABLISHED ITSELF AS THE DESTINATION FOR CLASSICAL MUSIC FANS WORLDWIDE WITH OFFERINGS LIKE Q2 MUSIC (ITS MUSIC STREAM DEDICATED TO CONTEMPORARY COMPOSERS) AND OPERAVORE (ITS HOME FOR ALL THINGS OPERA). IN ADDITION TO ITS AUDIO CONTENT, WNYC AND WOXR PRODUCE CONTENT FOR LIVE RADIO AND WEB AUDIENCES FROM THE JEROME L. GREENE PERFORMANCE SPACE, THE STATION'S STREET-LEVEL MULTIPURPOSE, MULTI-PLATFORM BROADCAST STUDIO AND PERFORMANCE SPACE. THE GREENE SPACE PRODUCES PUBLIC EVENTS, RANGING FROM LIVE CLASSICAL MUSIC PERFORMANCES, TO "THE BATTLE OF THE BOROUGHS" LIVE BAND COMPETITION, TO BROADWAY THEATER CONVERSATIONS WITH LUMINARIES SUCH AS STEPHEN SONDHEIM OR PHILIP SEYMOUR HOFFMAN, AND POLITICAL CONVERSATIONS.

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.

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Schedule O (Form 990 or 990-EZ) 2011						
Name of the organization NEW YORK PUBLIC RADIO	Employer identification number					
D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO	13-3015230					

DESCRIPTION OF THE MONITORING AND ENFORCING OF CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C

THE POLICY IS DISTRIBUTED ANNUALLY. THE COMPLETED FORMS ARE REVIEWED BY THE GENERAL COUNSEL. IF ANY CONFLICTS ARE NOTED, GENERAL COUNSEL AND THE CHAIR OF THE BOARD CONSULT ON THE PROPER PROCESS IN ACCORDANCE WITH NEW YORK PUBLIC RADIO'S CONFLICT OF INTEREST POLICY. THERE WERE NO CONFLICTS OF INTEREST IN FY12.

DESCRIPTION OF PROCESS FOR DETERMINING CEO COMPENSATION

FORM 990, PART VI, LINE 15A

THE BOARD CHAIR CONVENES A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT PERSONS WHICH HIRES AN OUTSIDE COMPENSATION EXPERT AND ALSO REVIEWS SURVEYS OR STUDIES OF TOP MANAGEMENT OFFICIAL COMPENSATION OR FUNCTIONALLY COMPARABLE POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION IS THEN DETERMINED AND IS SET IN A MULTI-YEAR CONTRACT. THE CONTRACT ALSO PROVIDES FOR A DISCRETIONARY BONUS, WHICH IS DETERMINED BY THE EXECUTIVE COMMITTEE. CONTEMPORANEOUS WRITTEN RECORDS ARE KEPT OF THE PROCESS IN THE FORM OF MEMORANDUM.

PROCESS BY WHICH ORGANIZATION MAKES GOVERNING DOCS AVAILABLE TO THE PUBLIC FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS OF NEW YORK PUBLIC RADIO ARE AVAILABLE FOR PUBLIC REVIEW THROUGH THE ORGANIZATION'S WEBSITE UNDER THE "ABOUT" HEADING.

2552323

Schedule O (Form 990 or 990-EZ) 2011						
Name of the organization NEW YORK PUBLIC RADIO	Employer identification number					
D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO	13-3015230					

INDEPENDENT CONTRACTORS

PART VII, SECTIONB B

EU SERVICES

- 649 N. HORNERS LANE
- ROCKVILLE, MD 20850
- PRINTING & MAILING

\$505,483

IGICOM LLC

437 5TH AVENUE, 11TH FL

NEW YORK, NY 10016

CONTRACTOR

\$379,737

STREAMGUYS

P.O. BOX 828

ARCATA, CA 95518

STREAMING SERVICES

\$285,258

DUBNER PRODUCTIONS LLC

7 WEST 96TH STREET, #4A

NEW YORK, NY 10025

CONTRACTOR

\$260,983

Schedule O (Form 990 or 990-EZ) 2011

Schedule O (Form 990 or 990-EZ) 2011						
Name of the organization NEW YORK PUBLIC RADIO	Employer identification number					
D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO	13-3015230					

THE FIDELIS

223 GATES ROAD, UNIT A

LITTLE FERRY, NJ 07643

PRINTING & MAILING

\$229,017.

PART XI - RECONCILIATION OF NET ASSETS, LINE 5:	
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT	258,315
UNREALIZED GAINS ON INVESTMENTS	(914,996)
DONATED SERVICES	9,760

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

========

(646,921)

13-3015230

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service	 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. 	Open to Public Inspection					
Name of the organization	NEW YORK PUBLIC RADIO	Employer identification number					
D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230							
Part I Identific	ation of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)						

	-			-	
(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)	-				
	-				
	-				
	-				
_(6)	-				

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)(f)Public charity status (if section 501(c)(3))Direct control entity		Section 5 conti	(g) 512(b)(13) ntrolled ntity?	
						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	Х		
_(2)								
_(3)								
_(4)								
_(5)								
_(6)								
_(7)								

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

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	(† Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	eral or aging	(k) Percentage ownership
<u>(1)</u>							Yes	No		Yes	No	
(2)												
<u>(3)</u>												
(4)												
<u>(6)</u>												
_(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)							

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

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Yes No

Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Ye	es" to Form 990, Pa	rt IV, line 34, 35, 35a, or 3	36.)		
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es N
1	During the tax year, did the organization engage in any of the following transactions with one or more re					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	
b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Sale of assets to related organization(s)				1f	
g	Purchase of assets from related organization(s)			[1g	
h	Exchange of assets with related organization(s)				1h	
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	
j	Lease of facilities, equipment, or other assets from related organization(s)				1j	
k	Performance of services or membership or fundraising solicitations for related organization(s)				1k	
Т	Performance of services or membership or fundraising solicitations by related organization(s)				11	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1 m	
n	Sharing of paid employees with related organization(s)				1n	
ο	Reimbursement paid to related organization(s) for expenses				10	
р	Reimbursement paid by related organization(s) for expenses				1р	
q	Other transfer of cash or property to related organization(s)				1q	
r	Other transfer of cash or property from related organization(s)		<u> </u>		1r	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete thi	is line, including cove	red relationships and transa	ction thres	holds.	
	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	Method c amour	(d) of determ nt involve	
(1)						
<u>()</u>						
(2)						
(3)						
(0)						
(4)						
(5)						

Schedule R (Form 990) 2011

(6)

Schedule R (Form 990) 2011

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) (c) Primary activity (state or foreign country)		gal domicilePredominantte or foreignincome (related,		e) partners tion c)(3) rations?	(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
			section 512-514)	Yes	No			Yes	No	(1 0111 1000)	Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2011

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