

2014 Income Tax Returns

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

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about	Form 990 and its	instructions is at	www.irs.gov/form990.
---------------------	------------------	--------------------	----------------------

A F	or th	e 201	4 calendar year, or tax year begir	nning 0	7/01 ,201	4, and er	ding		06/	30, 20 ₁₅
_			C Name of organization NEW YORK P	UBLIC RADIO				D Employer id	entifica	tion number
Вс	heck if ap	oplicable:	D/B/A WNYC RADIO, WQX	R AND NJ PUBLI	C RADIO					
	Addre		Doing Business As					13-301	5230	
	Name	change	Number and street (or P.O. box if mail is	not delivered to street addr	ress)	Room/su	ite	E Telephone n	umber	
	Initial	return	160 VARICK STREET					(646) 82	9 – 44	100
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal co	ode					
	Amer returr		NEW YORK, NY 10013					G Gross receip	ts \$	79,145,650.
	Applie pendi		F Name and address of principal officer:	LAURA R WAL	KER			H(a) Is this a gro subordinates		for Yes X No
			160 VARICK STREET NEW	YORK, NY 1001	.3			H(b) Are all subore	dinates inclu	uded? Yes No
<u></u>	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or	527	If "No," atta	ch a list. ((see instructions)
			WWW.NYPUBLICRADIO.ORG					H(c) Group exem		
			ization: X Corporation Trust	Association Other	<u> </u>	L Ye	ar of form	nation: 1979 M	State of	f legal domicile: NY
Pa	art I		mmary							
	1	-	describe the organization's mission o	-					ous,	THE HEART
Governance			E OPEN, AND THE SPIRIT N			CELLEN	IT AUL)IO 		
rna	_		GRAMMING THAT IS DEEPLY							
ove	2		this box if the organization d	•					1 1	41
ტ ფ	3		er of voting members of the governing						3	41.
es	4		er of independent voting members of t						5	565.
Activities	5 6		number of individuals employed in cale						6	159.
Act	_		number of volunteers (estimate if neces unrelated business revenue from Part V	· · · · · · · · · · · ·					7a	5,931,771.
			nrelated business taxable income from						7b	-92,503.
		1101 01	Treated business taxable moonle from	1 01111 300 1, 11110 04 1				Prior Year	-	Current Year
_	8	Contri	butions and grants (Part VIII, line 1h)	57,836,58	30.	57,300,088.				
une	9	Progra	am service revenue (Part VIII, line 2g)		COF	Y FOR		9,824,20		10,270,073.
Revenue	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC I	NSPECTION	DN	502,95		944,911.
œ	11		revenue (Part VIII, column (A), lines 5,					548,35		-476,662.
	12		revenue - add lines 8 through 11 (must					68,712,09	94.	68,038,410.
	13	Grants	s and similar amounts paid (Part IX, colu	umn (A), lines 1-3)					0	0
	14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)					0	0
S	15	Salari	es, other compensation, employee bene	efits (Part IX, column (A), lines 5-10)		L	38,835,14	14.	42,680,789.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)			L	655,45	58.	696,249.
ă	b		fundraising expenses (Part IX, column (
	17		expenses (Part IX, column (A), lines 11					25,151,52		26,457,978.
	18		expenses. Add lines 13-17 (must equal					64,642,13	_	69,835,016.
<u> </u>	19	Reven	ue less expenses. Subtract line 18 fron	n line 12				4,069,96		-1,796,606.
Net Assets or Fund Balances							Beg	ginning of Current		End of Year
Sse	20							126,423,62		124,783,080.
et A	21		liabilities (Part X, line 26)					29,930,33	_	31,081,319.
			ssets or fund balances. Subtract line 21 gnature Block	from line 20				96,493,29	73.	93,701,761.
	rt II		of perjury, I declare that I have examined th	is return including accor	nnanvina sched	lules and s	tatemente	and to the heet o	f my kn	owledge and helief it is
			complete. Declaration of preparer (other than						y K	
Sig	n		Signature of officer					 Date		
He	re		MICHELE RUSNAK, VP, FI	INANCE & ADMIN	J & CFO					
			Type or print name and title	INTINCE & HEITI	v. a cro					
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PT	TIN
Paid		DEV	IN L DUNCAN	Jemo	Luca	5/	10/1		٠. ١	01249521
	parer		name ► KPMG LLP	ı		- /	- / -			565207
use	Only		address > 345 PARK AVENUE	NEW YORK, NY	10154-01	02		Phone no.		758-9700
Мау	the I		cuss this return with the preparer show		na)					X Yes No
Ear	Dana	rwork	Reduction Act Notice see the senarat	o instructions						Form 990 (2014)

Form **990** (2014)

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If	you are	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Pa	art II (on page 2 of this form).	
Do n	ot comp	<i>lete Part II unless</i> you have already been gran	nted an aut	comatic 3-month extens	sion on a previously filed Form 8868	3.
a coi 8868 Retu	rporatior 3 to requ rn for T	ling (e-file). You can electronically file Form a n required to file Form 990-T), or an addition uest an extension of time to file any of the ransfers Associated With Certain Persona For more details on the electronic filing of th	al (not aut forms liste I Benefit (omatic) 3-month exten d in Part I or Part II w Contracts, which must	ision of time. You can electronicall ith the exception of Form 8870, I t be sent to the IRS in paper for	y file Form nformation ormat (see
		omatic 3-Month Extension of Time. On				
А со	rporatior	required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete	
Part	I only					▶ 🔲
All o	ther corp	porations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use I	Form 7004 to request an extension o	of time
to file	e income					
Type	or	•	structions.		Employer identification number (EIN) o	or
					12 2015020	
•						
due d	ate for		k, see ilistiut	cuoris.	Social security number (SSN)	
			a foreign add	dress see instructions		
Type or print Name of exempt organization or other filer, see instructions. NEW YORK PUBLIC RADIO D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO Number, street, and room or suite no. If a P.O. box, see instructions. NEW YORK, NY 10013 Enter the Return code for the return that this application is for (file a separate application for each return). Application Is For Code Form 990 or Form 990-EZ O1 Form 990-T (corporation) Form 990-PF O4 Form 4720 (individual) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form No. ▶ 646 829-4400 FAX No. ▶ It the organization does not have an office or place of business in the United States, check this box ▶ Enter time filer's identifying number, see instructions. Employer identification number (EIN) or Employer identification number (EIN) or ### Propropriod 13-3015230 13-30152						
		·				0 1
Ente	r the Re	turn code for the return that this application i	s for (file a	separate application to	or each return)	
Appl	ication		Return	Application		Return
ls Fo	r		Code	Is For		Code
Form	n 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form	n 990-BL	•	02	Form 1041-A		08
		,	03	Form 4720 (other tha	n individual)	09
Form	1 990-PF	•	04	Form 5227		10
			05			
Form	n 990-T	(trust other than above)	06	Form 8870		12
Te If If for the	elephone the orga this is fo ne whole with the	No. ► 646 829-4400 Inization does not have an office or place of the	Fousiness in ur digit Gro it is for pa on is for.	FAX No. ▶ the United States, checup Exemption Number (rt of the group, check t	ck this box	
1	until for the	st an automatic 3-month (6 months for a corporation) and the corganization's return for: calendar year 20 or tax year beginning 07/0	exempt org	panization return for the	e organization named above. The ex	xtension is
3 2	CI	x year entered in line 1 is for less than 12 m hange in accounting period application is for Form 990-BL, 990-PF, 99				
Ja		application is for Form 990-BL, 990-PF, 99 Indable credits. See instructions.	v-i, 4 1∠0	, or ooos, enter the	3a \$	0
h		application is for Form 990-PF, 990-T,	4720. or	6069, enter any re		
~		ed tax payments made. Include any prior yea		-		0
С		e due. Subtract line 3b from line 3a. Include				
		onic Federal Tax Payment System). See instruc		•	3c \$	0
Cauti	-	are going to make an electronic funds withdrawal		t) with this Form 8868 se		

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

Form **8868** (Rev. 1-2014)

instructions.

Form 8868 (Rev. 1-2014) 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. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or NEW YORK PUBLIC RADIO Type or D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230 print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the 160 VARICK STREET due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See NEW YORK, NY 10013 instructions Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 1 Application **Application** Return Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 04 Form 990-PF Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ►MICHELE RUSNAK, 160 VARICK STREET NEW YORK, NY 10013 Telephone No. ▶ 646 829-4400 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until 05/16,20_16_. 07/01 , 20 5 For calendar year , or other tax year beginning , and ending 06/30 , 20 15 14 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b | \$ 0 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c |\$ 0 Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Date ▶ 2/8/16 PAID PREPARER Signature > Title >

Form **8868** (Rev. 1-2014)

Page 2 Form 990 (2014)

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO MAKE THE MIND MORE CURIOUS, THE HEART MORE OPEN, AND THE SPIRIT
	MORE JOYFUL THROUGH EXCELLENT AUDIO PROGRAMMING THAT IS DEEPLY ROOTED
	IN NEW YORK.
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
40	(Codo: \ \ /Evances \ \ including grants of \ \ \ \ \ \ /Povenue \ \ \
4a	(Code:) (Expenses \$41,440,630. including grants of \$) (Revenue \$10,270,073)
	NEW YORK PUBLIC RADIO CONSISTS OF WNYC AM 820, WNYC FM 93.9,
	WWW.WNYC.ORG, WNJT FM 88.1, WNJP 88.5, WNJY FM 89.3, WNJO FM 90.3,
	WWW.NJPR.ORG, WQXR 105.9 FM, WWW.WQXR.ORG AND THE JEROME L. GREENE
	PERFORMANCE SPACE. WNYC AND WQXR ARE AMONG THE COUNTRY'S TOP
	LEADING PUBLIC RADIO STATIONS. ESTABLISHED IN 1924 AS A MUNICIPAL
	RADIO STATION AND OPERATED AS SUCH FOR SEVENTY-FOUR YEARS, NEW
	YORK PUBLIC RADIO NOW EXISTS AS AN INDEPENDENT, NOT-FOR-PROFIT
	ORGANIZATION WITH A VIBRANT BOARD OF TRUSTEES. FOR MORE
	INFORMATION, SEE SCHEDULE O.
4b	(Code:) (Expenses \$ _{5,832,533} . including grants of \$) (Revenue \$)
	TECHNICAL OPERATIONS FOR THE DISTRIBUTION AND SUPPORT OF
	DDOCDAMMING ON WING AM WING EM WING WING ODG WINTE EM WINTD EM
	WNJY FM, WNJO FM, WWW.NJPR.ORG, WQXR FM, WWW.WQXR.ORG, WQXW FM,
	AND THE JEROME L. GREENE PERFORMANCE SPACE. ENGINEERING OF ALL
	RADIO, DIGITAL AND LIVE PERFORMANCE PROGRAMMING AND INFORMATION
	TECHNOLOGY FOR THE ENTIRE NY PUBLIC RADIO ORGANIZATION.
4c	(Code:) (Expenses \$ 2,853,260. including grants of \$) (Revenue \$)
70	MARKETING SUPPORT SERVICES: NEW YORK PUBLIC RADIO'S MARKETING
	EFFORTS PROMOTE THE UNIQUE PROGRAMMING AND EVENTS PRODUCED BY WNYC
	AND WQXR, INCLUDING NEWS, CULTURAL, AND MUSIC RADIO PROGRAMMING,
	ORIGINAL ONLINE CONTENT, AND A SCHEDULE OF LIVE EVENTS IN THE
	JEROME L. GREENE PERFORMANCE SPACE. THE COMMUNITY ENGAGEMENT
	DEPARTMENT IS DEVOTED TO REACHING OUT TO ALL COMMUNITIES IN THE
	NEW YORK METROPOLITAN AREA TO ENGAGE CITIZENS IN AN EFFORT TO
	BUILD STRONGER COMMUNITY RELATIONS AND PUBLIC VALUE-FURTHERING THE
	STATION'S ROLE AS A PUBLIC SERVICE MEDIA ORGANIZATION.
_	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 50,126,423.
JSA	Form 990 (2014)

JSA 4E1020 1.000 2756BJ E299 V 14-7.16 2552323 PAGE 3

Part	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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		3.7	
_	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	Part III	3		
U	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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 Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	445	Х	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11b	Λ	
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
Ы	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		21
<u> </u>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	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	446	Х	
15		14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		- 21
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	
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	
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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a	х	
L-	through 24d and complete Schedule K. If "No," go to line 25a	24b	21	Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		21
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		Х
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51-		v
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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			3.7
	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 instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001-		v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
00	complete Schedule N, Part II	32		
33		33		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34		34		Х
25.	or IV, and Part V, line 1	35a		X
35a		JJa		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ววม		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		\ _v	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	,

Form **990** (2014)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is Schedule O contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 250			
	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 565			
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 e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
44	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		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	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			
13	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			
C	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	14a 14b		

Form **990** (2014)

JSA 4E1040 1.000 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	tion A. Governing Body and Management				21
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 41			
	If there are 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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 40	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur	nder the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:				
а	The governing body?		8a	X	
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				3.5
Casti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	- \	X
Secti	ion B. Policies (This Section B requests information about policies not required by the Int	ernai Revenue	Coae	<i>}.)</i> Yes	No
			40.	162	X
	Did the organization have local chapters, branches, or affiliates?		10a		^
b	If "Yes," did the organization have written policies and procedures governing the activities of	•	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pr	-	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	11a		
b	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? If "No," go to line 13		ıza		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests to	•	12b	Х	
_	rise to conflicts?		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•	12c	Х	
12	describe in Schedule O how this was done		13	X	
13	Did the organization have a written whistleblower policy?		14	X	
14 15	Did the process for determining compensation of the following persons include a review ar				
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
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	r 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				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	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 ▶_CA,CO,CT,FL,IL	MA, NJ, NY, NO	C,PA	, VA ,	WA,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and				
	available for public inspection. Indicate how you made these available. Check all that apply.	•	`	,	• ,
	X Own website Another's website X Upon request Other (explain in School)	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's to		s: ▶		
	MICHELE RUSNAK 160 VARICK STREET NEW YORK, NY 10013 646-	329-4400			

JSA Form **990** (2014)

4E1042 1.000

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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.

hours for related organizations below dotted line) hours for related organizations below dotted line) TRUSTEE hours for related organizations organization (W-2/1099-MISC) TRUSTEE hours for related organization organization (W-2/1099-MISC) TRUSTEE TRUSTEE TRUSTEE hours for related organization organization (W-2/1099-MISC) TRUSTEE TRUSTEE O X O O O	compensation from the organization and related organizations
	0
	2
(2)THOMAS A BERNSTEIN	0
(3)JOHN BORTHWICK 1.00	
TRUSTEE 0 X 0 0	0
_(4)RICHARD S BRAIL 1.00	
TRUSTEE (STARTED 10/01/14) 0 X 0 0	0
	0
TRUSTEE 0 X 0 0 0 (6) JUDITH M CARSON 1.00	
TRUSTEE	0
(7)CHARLES M DIKER 1.00	~
TRUSTEE 0 X 0	0
(8)TOM FINKELPEARL 1.00	
TRUSTEE / EX OFFICIO 0 X 0	0
(9)MARTHA J FLEISCHMAN 1.00	
TRUSTEE 0 X 0 0	0
(10)MARYANNE GILMARTIN 1.00	
TRUSTEE (STARTED 10/01/14) 0 X 0 0	0
(11)LORETTA_BRENNAN_GLUCKSMAN1.00_	
TRUSTEE 0 X 0 0	0
(12)ALAN JENKINS 1.00 TRUSTEE 0 X	0
(13) JULIA KAHR 1.00 TRUSTEE (STARTED 03/06/15) 0 X 0	0
(14)ALEXANDER KAPLEN 1.00	
TRUSTEE 0 X 0	0

Form **990** (2014)

4E1041 1.000

JSA.

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) ANTON J LEVY	1.00									
TRUSTEE	0	Х						0	0	
16) JOANNE BANKS MATTHEWS	1.00									
TRUSTEE	0	Х						0	0	
17) JOHN MCGINN	1.00									
TRUSTEE (STARTED 06/24/15)	0	X						0	0	
18) BETHANY MILLARD	1.00									
TRUSTEE	0	X						0	0	
19) GWENDOLYN ADAMS NORTON	1.00							_		
TRUSTEE (STARTED 06/24/15)	0	X						0	0	
20) RICHARD A PACE	1.00									
TRUSTEE	0	X						0	0	
21) ELLEN POLANER	1.00									
TRUSTEE	0	X						0	0	
22) JONELLE PROCOPE	1.00									
TRUSTEE	1.00	X						U	0	
23) JOHN S ROSE TRUSTEE / VICE CHAIR	1.00	X		Х					0	
24) JON W ROTENSTREICH	1.00	Λ		Λ					0	
TRUSTEE	0	X							0	
25) JOSHUA SAPAN	1.00	21							0	
TRUSTEE	0	X							0	
1b Sub-total								0		
c Total from continuation sheets to Part VII, S	oction A				• •			4,711,472.	0	589,216
d Total (add lines 1b and 1c)	-		• •					4,711,472.	0	589,216
2 Total number of individuals (including but not				d al	bov	e) who	re		\$100,000 of	
reportable compensation from the organization	n ▶	101	1							
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3 X
4 For any individual listed on line 1a, is the organization and related organizations great	eater than	\$15	50,0	00?) If	"Yes	3,"	complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Yo	es," comple	te Sch	nedu	ıle J	I for	such	per	son		5 X
Section B. Independent Contractors								hat are all all		•
1 Complete this table for your five highest com										

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ▶ 40

Form **990** (2014)

JSA 4E1055 1.000 V 14-7.16 2552323

Part VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	ve	es.	and H	lia	hest Compensat	ed Employees (d	ontinue		Page 8
(A)	(B)				C)	<u> </u>	9	(D)	(E)	· OI III I G C	(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	more erson direct	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	stimated nount of other pensation	f
	related organizations below dotted line)	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 anizatio d related anization	d
26) HERB SCANNELL	1.00											
TRUSTEE	0	X						0	0			(
27) LAUREN SEIKALY	1.00											
TRUSTEE	0	Х						0	0			(
28) PETER SHAPIRO	1.00											
TRUSTEE	0	Х						O	0			(
29) SUSAN REBELL SOLOMON	1.00											
TRUSTEE / VICE CHAIR	0	Х		Х				0	0			(
30) HOWARD S STEIN	1.00											
TRUSTEE / TREASURER	0	Х		Х				0	0			(
31) MAYO STUNTZ	1.00											
TRUSTEE / VICE CHAIR	0	Х		Х				0	0			(
32) PETER TAGUE	1.00											
TRUSTEE	0	Х						0	0			(
33) NICKI NEWMAN TANNER	1.00											
TRUSTEE	0	Х						0	0			(
34) ANDREA L TAYLOR	1.00											
TRUSTEE	0	Х						0	0			(
35) KEITH THOMAS	1.00											
TRUSTEE (THROUGH 04/22/15)	0	Х						0	0			(
36) WILMA S TISCH	1.00											
TRUSTEE	0	Х						0	0			(
1b Sub-total		•										
c Total from continuation sheets to Part VII, S	ection A				• •		•					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization	n 🕨	101	L									
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual						3		X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"Yes	5, "	complete Schedu	le J for such	4	Х	
										-		
for services rendered to the organization? If "Yo										5		Х
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 												

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

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 ►

Form **990** (2014)

JSA 4E1055 1.000

37) CYNTHIA KING VANCE TRUSTEE / CHAIR 38) LAURA R WALKER PRESIDENT / CEO 39) ALAN G WEILER TRUSTEE / SECRETARY 40) MARY WHITE TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	Average nours per sek (list any hours for related ganizations slow dotted line) 1.00 0 35.00 0 1.00 0	box,	unles	s pe	ition more rson	e tis or/trustr en is or/trustr employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
org bel 37) CYNTHIA KING VANCE TRUSTEE / CHAIR 38) LAURA R WALKER PRESIDENT / CEO 39) ALAN G WEILER TRUSTEE / SECRETARY 40) MARY WHITE TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	1.00 0 35.00 1.00	Х	Institutional trustee		Key employee	Highest compensated employee	Former	organization	•	organization and related
TRUSTEE / CHAIR 38) LAURA R WALKER PRESIDENT / CEO 39) ALAN G WEILER TRUSTEE / SECRETARY 40) MARY WHITE TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	0 35.00 0 1.00			х						
38) LAURA R WALKER PRESIDENT / CEO 39) ALAN G WEILER TRUSTEE / SECRETARY 40) MARY WHITE TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	35.00 0 1.00			Х						
PRESIDENT / CEO 39) ALAN G WEILER TRUSTEE / SECRETARY 40) MARY WHITE TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	0 1.00 0	Х						0	0	(
39) ALAN G WEILER TRUSTEE / SECRETARY 40) MARY WHITE TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	1.00	X						0.61 0.56		125 252
TRUSTEE / SECRETARY 40) MARY WHITE TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	0			Х				861,956.	0	137,958.
40) MARY WHITE TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT		37		v				0	0	(
TRUSTEE (STARTED 03/06/15) 41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	1.00	X		Х				0	0	
41) BRADLEY A WHITMAN TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	0	Х						0	0	(
TRUSTEE 42) FRANK D YEARY TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	1.00	21						0		
TRUSTEE 43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	0	Х						0	0	(
43) MICHELE RUSNAK VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	1.00							-		
VP, FINANCE & ADMIN / CFO 44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	0	Х						0	0	(
44) DEAN CAPPELLO CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	35.00									
CCO, EVP, PROGRAMMING 45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	0			Х				323,787.	0	46,361.
45) THOMAS HJELM EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	35.00									
EVP & CHIEF DIGITAL OFFICER 46) MARGARET HUNT	0				Х			361,150.	0	50,040.
46) MARGARET HUNT	35.00									
	0				Х			371,002.	0	39,647.
	35.00				3.7			251 475		45 110
SVP & CHIEF DEVELOP. OFFICER 47) RACHNA KARROL	35.00				Х			351,475.	0	45,118.
VP, HR & ORG EFFECTIVENESS	0				Х			263,457.	0	30,525.
1b Sub-total							\blacktriangleright			
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	ion A						\			
2 Total number of individuals (including but not limi reportable compensation from the organization ▶		hose I 101		d at	oove	e) who	re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former officer, employee on line 1a? If "Yes," complete Schedule Sched										3 X
4 For any individual listed on line 1a, is the sum organization and related organizations greate individual	er than	\$15	0,0	00?	If	"Yes	5," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If "Yes,"	crue cor	mpen	satio	on f	rom	any	unı	related organization	on or individual	5 X
Section B. Independent Contractors	,									

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 listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2014)

JSA 4E1055 1.000

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y Em	plo			and F	ligl		ed Employees (c			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any			heck		e than o		Reportable compensation from	Reportable compensation from related	am	timated nount of other	
	hours for related organizations below dotted line)	of Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensatio om the anizatior d related anization	n I
48) NOREEN O'LOUGHLIN	35.00											
VP, INTEGRATED MKT & GEN. MGR	0				Х			298,437.	0		18,5	60.
49) GRAHAM PARKER	35.00											
VP & GM, WQXR	0				X			262,119.	0		45,7	08
50) JAD ABUMRAD	35.00											
MANAGING EDITOR / HOST	0					X		288,318.	0		42,3	45.
51) HARRY CLARK	35.00											
GM, UNDERWRITING	0					X		387,899.	0		23,5	05.
52) JOHN HOCKENBERRY	35.00											
HOST	0					Х		331,905.	0		49,6	09.
53) BRIAN LEHRER	35.00											
HOST	0					X		319,965.	0		44,6	17.
54) JAMES SCHACHTER	35.00											
VICE PRESIDENT, NEWS	0					Х		290,002.	0		15,2	23.
		-										
1b Sub-total												_
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						>					
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶	101	L			,						
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu			х	
individual										4	$\stackrel{\wedge}{\vdash}$	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report of												

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

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 ▶

Form **990** (2014)

JSA 4E1055 1.000

Part VIII Statement of Revenue

		Check if Schedule O contains a r	espon	se or note to an	y line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f	Federated campaigns		Business Code 900004 515100	57,300,088. 6,024,024. 2,497,030.	2,497,030.	6,024,024.	
ervi	c d	COLLABORATIVE AGREEMENTS OTHER PROGRAM SERVICE REVENUE		515100 900004	1,270,332. 397,448.	1,270,332. 397,448.		
Ē	e	COMM AFFAIRS / PROGRAMMING		900001	81,239.	81,239.		
ogra	f	All other program service revenue			·	·		
<u> </u>	g	Total. Add lines 2a-2f		▶	10,270,073.			
	3	Investment income (including of and other similar amounts) Income from investment of tax-exempt			517,366. 0		45,369.	471,997.
	6a b	Less: rental expenses 277		(ii) Personal 100. 1,7031,603.	16,637.		9,653.	6,984.
	d	Net rental income or (loss)		▶	-147,275.		-147,275.	
	7a b		,453.	(ii) Other				
	d	Net gain or (loss)		<u></u>	427,545.			427,545.
Other Revenue	8a b	Gross income from fundraising events (not including \$1,415,797. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses		203,475. 549,499.				
ŏ	С	Net income or (loss) from fundraising e	events.	▶	-346,024.			-346,024.
		Gross income from gaming activities. See Part IV, line 19						
	b	Less: direct expenses			0			
	10a	Gross sales of inventory, less returns and allowances			J			
	b c	Less: cost of goods sold Net income or (loss) from sales of inven	b tory	<u> ▶</u>	0			
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	d d	All other revenue	[0			
	е 12	Total revenue. See instructions			68,038,410.	4,246,049.	5,931,771.	560,502.

Form **990** (2014)

JSA 4E1051 1.000

2756BJ E299 V 14-7.16 2552323 PAGE 13

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	2,996,245.	2,219,735.	263,627.	512,883.				
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	32,533,137.	24,505,856.	1,682,996.	6,344,285.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	659,157.	462,627.	69,253.	127,277.				
9	Other employee benefits	4,081,940.	2,930,878.	466,189.	684,873.				
10	Payroll taxes	2,410,310.	1,748,677.	215,476.	446,157.				
11	Fees for services (non-employees):	0							
	Management	307,927.	4,500.	303,427.					
	Legal	258,050.	178,235.	49,001.	30,814.				
	Accounting	19,067.	170,233.	49,001.	19,067.				
	Lobbying	696,249.			696,249.				
	Professional fundraising services. See Part IV, line 17.	201,946.		201,946.	090,249.				
	Investment management fees	201,940.		201,940.					
g	Other. (If line 11g amount exceeds 10% of line 25, column	4,552,985.	3,603,278.	378,537.	571,170.				
	(A) amount, list line 11g expenses on Schedule O.)	1,470,300.	927,420.	22,936.	519,944.				
	Advertising and promotion	1,089,637.	829,884.	73,882.	185,871.				
13	Office expenses	851,717.	319,332.	152,360.					
14	Information technology	031,717.	319,332.	132,300.	380,025.				
15	Royalties	4,523,085.	3,997,579.	173,253.	352,253.				
16	Occupancy	533,574.	387,585.	44,318.	101,671.				
17	Travel	333,374.	307,303.	44,310.	101,071.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	392,034.	202,961.	48,713.	140,360.				
20	Interest	398,964.		398,964.					
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	3,469,490.	2,767,905.	219,774.	481,811.				
23	Insurance	329,528.	263,904.	20,558.	45,066.				
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.)	4 556 065	4 556 065						
	PROGRAM ACQUISITION	4,776,067.	4,776,067.		0.001.10-				
	MEMBERSHIP_SERVICES	2,981,695.		166 056	2,981,695.				
	BAD DEBT	166,976.		166,976.					
	FINANCING COSTS	134,936.		134,936.					
	All other expenses	60 025 016	EO 106 403	E 007 100	14 (01 491				
25 26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	69,835,016.	50,126,423.	5,087,122.	14,621,471.				
JSA	following SOP 98-2 (ASC 958-720)	0			F 000 (0044)				

Form **990** (2014)

2756BJ E299 V 14-7.16 2552323 PAGE 14

Part X Balance Sheet

	. C.A.	Charle if Cahadula O cantaina a reconomas an		to any line in this De			
		Check if Schedule O contains a response or	note	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,635,953.	1	1,688,397.
	2	Savings and temporary cash investments			14,327,070.	2	12,757,794.
	3	Pledges and grants receivable, net			8,783,303.	3	7,926,314.
	4	Accounts receivable, net			4,659,931.	4	4,750,653.
	5	Loans and other receivables from current and the	forme	r officers, directors,			
		trustees, key employees, and highest co	mpe	nsated employees.			
		Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu					
"		organizations (see instructions). Complete Part II of Sche			0	6	0
ets	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	•	0
-	9	Prepaid expenses and deferred charges			1,662,079.	9	556,298.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation			23,468,045.	_	21,527,866.
	11	Investments - publicly traded securities	25,328,889.	_	27,195,657.		
	12	Investments - other securities. See Part IV, line 11		16,400,669.		18,680,207.	
	13	Investments - program-related. See Part IV, line 11		0		0	
	14	Intangible assets			0	17	0
	15	Other assets. See Part IV, line 11			30,157,688.		29,699,894.
	16	Total assets. Add lines 1 through 15 (must equal			126,423,627.	16	124,783,080.
	17	Accounts payable and accrued expenses			13,172,033.		15,533,803.
	18	Grants payable			0		0
	19	Deferred revenue	10 140 000	13	11 117 550		
	20	Tax-exempt bond liabilities			12,140,000.	20	11,117,550.
Liabilities	21	Escrow or custodial account liability. Complete Pa		21	U		
ij	22	Loans and other payables to current and for					
Lia		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate				23	0
	24	Unsecured notes and loans payable to unrelated				_	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D		· .	4,618,301.	25	4,429,966.
	26	Total liabilities. Add lines 17 through 25			29,930,334.	_	31,081,319.
	-	Organizations that follow SFAS 117 (ASC 958),	chec				
Assets or Fund Balances	27	complete lines 27 through 29, and lines 33 and Unrestricted net assets			86,255,041.	27	82,629,058.
ala	28	Unrestricted net assets Temporarily restricted net assets			9,883,994.	28	10,733,679.
В В	29	Permanently restricted net assets			354,258.		339,024.
Ë		Organizations that do not follow SFAS 117 (ASC 958)			3317230.		337,021.
or F		complete lines 30 through 34.	, 01.00				
şţs	30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or equ	nt fund		31		
Ā	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Net	33	Total net assets or fund balances			96,493,293.	33	93,701,761.
	34	Total liabilities and net assets/fund balances			126,423,627.	34	124,783,080.

Form **990** (2014)

Page **1 2** Form 990 (2014)

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(58,0	38,4	10.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	59,8	35,0	16.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96,4			
5					-1,114,591.		
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	19,6	65.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	9	93,7	01,7	61.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
	A " " " T OOO O T O T O T O T		١		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," explain in						
2-	Schedule O.			2a		X	
Za	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	pilea	01				
_				2b	Х		
b	Were the organization's financial statements audited by an independent accountant?			20	21		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea o	na				
	X Separate basis Consolidated basis Both consolidated and separate basis						
_	·		i mb4				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		-	2c	х		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.	vhiaii	' '''				
3 2	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın İ				
Ja	the Single Audit Act and OMB Circular A-133?		' '''	3a	Х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		0	3b	Х		
					000		

2756BJ E299 V 14-7.16 2552323 PAGE 16

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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 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 X 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page **2**

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,811,504.	49,360,356.	54,532,817.	57,836,580.	57,300,088.	265,841,345.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	46,811,504.	49,360,356.	54,532,817.	57,836,580.	57,300,088.	265,841,345.		
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)						637,108.		
6	Public support. Subtract line 5 from line 4.						265,204,237.		
	tion B. Total Support	4 > 0040		() 22/2	(1) 00 (0				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	46,811,504.	49,360,356.	54,532,817.	57,836,580.	57,300,088.	265,841,345.		
	sources	69,945.	210,339.	1,036,393.	543,574.	534,003.	2,394,254.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1				659,003.		659,003.		
11	Total support. Add lines 7 through 10						268,894,602.		
12	Gross receipts from related activities, etc. (s	see instructions)				12	38,480,969.		
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>							
Sec	tion C. Computation of Public Sup	port Percenta	ge						
14	Public support percentage for 2014 (li		•			14	98.63%		
15	Public support percentage from 2013					15	97.55%		
16a	331/3% support test - 2014. If the o								
_	this box and stop here. The organization								
b	331/3% support test - 2013. If the c								
	check this box and stop here . The orga	•							
1/a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization					-	•		
	Part VI how the organization meets toganization						▶ □		
b	10%-facts-and-circumstances test - 2	•							
	15 is 10% or more, and if the orga						-		
	Explain in Part VI how the organizati				-	•	publicly		
46	supported organization						🗆		
18	Private foundation. If the organization								
	instructions								

2756BJ E299 V 14-7.16 2552323 PAGE 18

Schedule A (Form 990 or 990-EZ) 2014 Page 3

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.)

Sec	tion A. Public Support	,		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501(c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .	<u> </u>	<u></u> .		▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2013 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2014 (lin					17	%
18	Investment income percentage from 2013 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2014. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and sto	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2013. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions ►

JSA 4E1221 2.000

Schedule A (Form 990 or 990-EZ) 2014 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
n's governing			
designated by			
	1		
tion of status			
the supported			
	2		
"Yes," answer			
roo, anowor	3a		
(5), or (6) and			
and how the			
	3b		
tion 170(c)(2)			
use.	3с		
ganization")? If			
janization j: n	4a		
to the foreign			
to the foreign and discretion			
and discretion	4b		
	75		
determination			
anization used			
n 170(c)(2)(B)	4.		
	4c		
year? If "Yes,"			
ames and EIN			
h such action,			
now the action	_		
	5a		
class already			
	5b		
	5c		
or facilities) to			
aritable class			
ions that also			
ovide detail in			
	6		
a substantial			
a 35-percent			
orm 990).	7		
ibed in line 7?			
	8		
one or more			
ions described			
	9a		
entity in which			
•	9b		
ersonal benefit			
art VI.	9с		
of IRC 4943(f)			
ed supporting			
3	10a		
orm 4720, to			
	10b		
Schedule A (Form	990 or	990-E2	2) 2014

PAGE 20

Schedule A (Form 990 or 990-EZ) 2014 Page 5

Part	V Supporting Organizations (continued)			age C
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
		11a		
	• • • • • • • • • • • • • • • • • • • •	11b		
		11c		
Section	on B. Type I Supporting Organizations			
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institution of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		۷a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
JSA 4E1230 2.0	Schedule A (Form 9	990 or	990-EZ	') 2014

Schedule A (Form 990 or 990-EZ) 2014 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			structions. All
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ted Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2014

2756BJ E299 V 14-7.16 2552323 PAGE 22

Page 7 Schedule A (Form 990 or 990-EZ) 2014

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

^{4E1232 3.000}
2756BJ E299 V 14-7.16 2552323 PAGE 23 Schedule A (Form 990 or 990-EZ) 2014 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION 2010 2011 2012 2013 2014 TOTAL

OTHER

TOTALS 5 5 659,003. 659,003.

Schedule A (Form 990 or 990-EZ) 2014

4E1225 3.000

JSA

2756BJ E299 V 14-7.16 2552323 PAGE 24

Schedule B (Form 990, 990-EZ,

or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization NEW YORK PUBLIC RADIO D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year
▶ \$ ______ Caution. An organization that 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 its Form 990-PF, Part I, line 2, 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) (2014)

Name of organization NEW YORK PUBLIC RADIO Employer identification number

	D/B/A WNYC RADIO, WQXR AND NJ PUBLIC	RADIO	13-3015230
Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$3,321,355.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and zir + +	\$2,002,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NEW YORK PUBLIC RADIO

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

Employer identification number

13-3015230

Part II	Noncash Property	(see instructions).	. Use duplicate copies of	f Part II if additional space is needed.
---------	-------------------------	---------------------	---------------------------	--

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

Name of organization NEW YORK PUBLIC RADIO **Employer identification number** D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA 4E1255 1.000

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

•	(see separate instructions), ther					
	Section 501(c)(4), (5), or (6) orga					
	e of organizationNEW YORK P			Employer ide	ntification number	
	3/A WNYC RADIO, WQXR			13-30		
Pai	•	organization is exempt under			nization.	
1	•	organization's direct and indirect p				
2	Political expenditures			▶\$		
3	Volunteer hours					
Par		organization is exempt under s				
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$		
2		cise tax incurred by organization m				
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes	No
4a	Was a correction made?				Yes	No
b	If "Yes," describe in Part IV.					
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).	
1	Enter the amount directly e	expended by the filing organization	n for section 527 ex	rempt function		
	activities					
2		ng organization's funds contributed				
	527 exempt function activities	es				
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,		
	line 17b					
4	Did the filing organization file	e Form 1120-POL for this year?			Yes	No
5	•	and employer identification numb	` '	, ,		•
		s. For each organization listed, en tributions received that were prom				
		nd or a political action committee (l				
				·		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of po	
				funds. If none, enter -0	promptly and di	
					delivered to a se	
					political organiza	
					none, enter -	U
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990 or 990-EZ) 2014

	,	W YORK PUBL	IC RADIO		13-3	015230	Page 2
P	art II-A Complete if the organ section 501(h)).	nization is exer	mpt under sectior	n 501(c)(3) and fi	led Form 5768 (ele	ction under	
	Check ► if the filing organiz name, address, EIN	I, expenses, and	d share of excess lo	bbying expendit	ures).	oup member	er's
В	Check ► if the filing organiz	zation checked	box A and "limited	control" provision	ns apply.		
	Limits on (The term "expenditure	Lobbying Expenes" means amou)	(a) Filing organization's totals	(b) Affilia group tot	
18	a Total lobbying expenditures to influ	uence public opin	ion (grass roots lobb	oying)			
ı	Total lobbying expenditures to influ	uence a legislativ	e body (direct lobbyi	ng)	20,163.		
(Total lobbying expenditures (add li	ines 1a and 1b) .			20,163.		
•	d Other exempt purpose expenditure	es			50,106,260.		
•	Total exempt purpose expenditure	es (add lines 1c ar	nd 1d)		50,126,423.		
f	Lobbying nontaxable amount. En	ter the amount f	from the following t	table in both	1,000,000.		
	If the amount on line 1e, column (a) or	r (b) is: The lobbyir	ng nontaxable amount i	is:			
	Not over \$500,000	20% of the	amount on line 1e.				
	Over \$500,000 but not over \$1,000,00	00 \$100,000 p	lus 15% of the excess	over \$500,000.			
	Over \$1,000,000 but not over \$1,500,	000 \$175,000 p	lus 10% of the excess	over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000	0,000 \$225,000 p	lus 5% of the excess o	ver \$1,500,000.			
	Over \$17,000,000	\$1,000,000					
	g Grassroots nontaxable amount (er				250,000.		
	n Subtract line 1g from line 1a. If zer				0		(
i	Subtract line 1f from line 1c. If zero	•		· · · · · · · · · · · —	0		(
	If there is an amount other than reporting section 4911 tax for this	year?				Yes	X No
			raging Period Under				
	(Some organizations that m)1(h) election do no te instructions for l	•		ins below.	
_		Lobbying Expe	nditures During 4-Ye	ear Averaging Peri	od		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Tota	al
						1	

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	63,597.	42,945.	58,157.	20,163.	184,862.				
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) 2014

JSA

4E1265 1.000 2756BJ E299 V 14-7.16 2552323 PAGE 30 Schedule C (Form 990 or 990-EZ) 2014 Page **3**

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	d For	m 5768		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	cription of the lobbying activity.	Yes	No	A	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Other activities? Total. Add lines 1c through 1i					
ј 2а	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					
С	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?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).					
				_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			⊢	1	_
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	+
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				ine 3, is	6
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (of			
	political expenses for which the section 527(f) tax was paid).					
a	Current year Carryover from last year			2a		
b	Total			2b 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	20		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	-				
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo					
	and political expenditure next year?	-	- 1	4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Pa	t IV Supplemental Information					
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	up list); Part II-	A, lines	1 and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

Schedule C (Form 990 or 990-EZ) 2014

JSA 4E1266 2.000 Schedule C (Form 990 or 990-EZ) 2014 Page **4**

Part IV Supplemental Information (continued)

JSA Schedule C (Form 990 or 990-EZ) 2014

4E1500 1.000 2756BJ E299 V 14-7.16 2552323 PAGE 32

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Employer identification number

OMB No. 1545-0047

Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization NEW YORK PUBLIC RADIO

D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 **\$**____ ▶ \$

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

Schedule D (Form 990) 2014

Page 2 Schedule D (Form 990) 2014

Par	t Organizations Maintaining Coll	ections of	Art, Hist	orical T	reasur	es,	or Oth	er Similar	Asse	ts (con	inue	ed)
3	Using the organization's acquisition, acce-	ssion, and o	ther recor	ds, check	any o	of the	follow	ing that are	a sign	ificant u	se o	f its
	collection items (check all that apply):			_								
а	Public exhibition		d	Loan c	or excha	ange	progran	ns				
b	Scholarly research		е	Other								
С	Preservation for future generations											
4	Provide a description of the organization's	s collections	and expla	ain how t	hey fui	rther	the org	ganization's	exempt	t purpos	e in	Part
	XIII.											
5	During the year, did the organization solicit	or receive d	lonations o	f art, histo	orical tr	easu	res, or o	other similar				_
	assets to be sold to raise funds rather than									Yes		No
Par	t IV Escrow and Custodial Arrangem	nents. Com	plete if th	ne organi	ization	ans	wered	"Yes" to Fo	rm 990	0, Part I	√, Iir	ie 9,
	or reported an amount on Form	990, Part X	(, line 21.									
1 a	Is the organization an agent, trustee, custo	dian or othe	er intermed	iary for c	ontribu	tions	or other	assets not	_			_
	included on Form 990, Part X?								. L	Yes		No
b	If "Yes," explain the arrangement in Part X	III and comp	lete the fol	lowing tab	le:							
								Am	ount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amount on	Form 990, F	Part X, line	21, for e	scrow	or cu	stodial	account liabil	lity?	Yes		No
b	If "Yes," explain the arrangement in Part X	III. Check he	ere if the ex	xplanation	has be	en pr	ovided i	n Part XIII				
Par	t V Endowment Funds. Complete if	the organiz	zation ans	wered "	Yes" to	For	m 990	, Part IV, Iin	e 10.			
	(a) C	urrent year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three year	rs back	(e) Four	years l	back
1 a		354,258.	349	9,477.		349	,668.	353,	905.	2	50,	000
b	Contributions									1	00,	000
С	Net investment earnings, gains,											
	and losses	-8,895.	1:	3,979.		14	,576.	2,	347.		8,	696
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses	6,339.		9,198.		14	,767.	6,	584.			791
g	End of year balance	339,024.	354	4,258.		349	,477.	349,	668.	3	53,	905
2	Provide the estimated percentage of the cu	rrent year er	nd balance	(line 1g,	column	n (a))	held as:	,				
а	Board designated or quasi-endowment >		%									
b	Permanent endowment ► 100.0000 %		_									
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c sh	-										
3a	Are there endowment funds not in the poss	session of th	ie organiza	tion that	are hel	d and	d admin	istered for th	e	_		
	organization by:									١	'es	No
	(i) unrelated organizations									3a(i)		Χ
	(ii) related organizations									3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organization	ons listed as r	required on	Schedule	R?					3b		
4	Describe in Part XIII the intended uses of t	he organizat	tion's endo	wment fur	nds.							
Par	t VI Land, Buildings, and Equipment.	aa	a" 4a	- 000 D	- u4 I\ / I	ا مانا	14- 0-		0 Daw	V line	40	
	Complete if the organization and	(a) Cost or		1 990, Pa (b) Cost o				umulated 99		IX, IINE I) Book vali		
	bescription of property	(invest			ther)	3515		eciation	(0) BOOK Vali	16	
1 a	Land											
b	Buildings											
С	Leasehold improvements			24,3	56,80	3.	8,9	17,693.		15,43	9,1	10.
d	Equipment				35,32	_	10,4	12,860.		4,12	2,4	60.
е	Other				92,25			25,955.		1,96	6,2	96.
Tota	I. Add lines 1a through 1e. (Column (d) mus	st equal Form	n 990, Part .	X, column	(B), lir	ne 10	(c).)	▶		21,52	7,8	66.

PAGE 34

Schedule D (Form 990) 2014 Page 3

Part VII	Investments -	Other	Securities.
----------	---------------	-------	-------------

Complete if the organization	answered "Yes" to Form 9	990 Part IV line 1	11b See Form	990 Part X line 12

Oomplete if the organization answered	1 103 10 1 01111 330,	Tait IV, line TTD. Gee Form 330, Fait 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) US EQUITY	4,363,369.	FMV
(B) GLOBAL EQUITY	3,438,099.	FMV
(C) EMERGING MARKETS	1,045,906.	FMV
(D) HEDGE FUNDS	8,854,780.	FMV
(E) INFLATION HEDGING	355,719.	FMV
(F) FIXED INCOME	622,334.	FMV
(G)		
 (H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	18,680,207.	

Part VIII Investments - Program Related.

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

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

Other Assets. Part IX

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

(a) Description	(b) Book value
(1) FCC LICENSE	29,242,387.
(2) OTHER ASSETS	394,765.
(3) DUE FROM COLLABORATION	62,742.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	29,699,894.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	, ,
(2) OTHER LIABILITIES	1,770,394.
(3) FAIR VALUE OF SWAP	1,433,220.
(4) REFUNDABLE ADVANCE	1,000,000.
(5) DUE TO COLLABORATION	226,352.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,429,966.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 4E1270 1.000

Schedule D (Form 990) 2014 2756BJ E299 V 14-7.16 2552323 PAGE 35

Schedule D (Form 990) 2014 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part IV			n.	<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	67,420,467.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				0,,120,10/.
a	Net unrealized gains (losses) on investments	2a	-1,114,591.		
a b	Donated services and use of facilities	2b	98,150.		
	Donated services and use of facilities		90,130.		
C C	Recoveries of prior year grants Other (Describe in Part XIII.)	2c	110 665		
d	Other (Describe in Part XIII.)	2d	119,665.		006 776
e	Add lines 2a through 2d			2e	-896,776.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	68,317,243.
4					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-278,833.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4.	270 022
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	-278,833. 68,038,410.
Part					00,030,410.
rait	Complete if the organization answered "Yes" to Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	70,211,999.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	98,150.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.) Add lines 2a through 2d	2d	278,833.		
е	Add lines 2a through 2d			2e	376,983.
3	Subtract line 2e from line 1			3	69,835,016.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))		5	69,835,016.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;				
z; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	oroviae	any additional inforr	nation.	
SEE	PAGE 5				

JSA 4E1271 1.000 Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS ARE THE PERMANENTLY RESTRICTED NET ASSETS OF NEW YORK

PUBLIC RADIO, THE PRINCIPAL OF WHICH MUST BE MAINTAINED INTACT IN

PERPETUITY, AND INCOME EARNED IS RESTRICTED FOR THE DEVELOPMENT OF NEWS,

INFORMATION, AND OTHER PROGRAMMING SERVICES.

UNCERTAIN TAX POSITIONS

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.

RECONCILIATION OF REVENUE AND EXPENSE PER AUDITED FINANCIAL STATEMENTS
PART XI, LINE 2D

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT - \$119,665

RECONCILIATION OF REVENUE AND EXPENSE PER AUDITED FINANCIAL STATEMENTS
PART XI, LINE 4B AND PART XII, LINE 2D

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) 2014

JSA 4E1226 1.000

2756BJ E299 V 14-7.16 2552323 PAGE 37

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEW YORK PUBLIC RADIO **Employer identification number** D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total region (by type) (e.g., offices in the émployees, a program service, expenditures for describe specific type of fundraising, program services, region agents, and and investments investments, grants to recipients independent service(s) in region in region contractors in region located in the region) (1) CENTRAL AMERICA/CARIBBEAN INVESTMENTS 3,960,664. (2) EUROPE INVESTMENTS 5,013,024. (3) NORTH AMERICA 1,237,381. INVESTMENTS (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)

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

from continuation sheets to Part I Totals (add lines 3a and 3b)

Schedule F (Form 990) 2014

10,211,069.

10,211,069.

PAGE 38

3a

Total

Schedule F (Form 990) 2014

		(e) Amount of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
grantee or counsel has provide	grantee or counsel has provided a section 501(c)(3)	grantee or counsel has provided a section 501(c)(3) equivalency letter	grantee or counsel has provided a section 501(c)(3) equivalency letter	rantee or counsel has provided a section 501(c)(3) equivalency letter	ent organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt grantee or counsel has provided a section 501(c)(3) equivalency letter	

Schedule F (Form 990) 2014

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

(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)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							edule F (Form 990) 201

Schedule F (Form 990) 2014

Part IV Foreign Forms Page 4

rait	roleigii rolliis				
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; do not file with Form 990)		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? If "Yes," 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)	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)	X	Yes		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; do not file with Form 990)		Yes	X	No

Schedule F (Form 990) 2014

^{4E1277} 1.000 2756BJ E299 V 14-7.16 PAGE 41 2552323

Schedule F (Form 990) 2014 Page **5**

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).

JSA Schedule F (Form 990) 2014

4E1502 1.000 2756BJ E299 V 14-7.16 2552323 PAGE 42

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

NEW YORK PUBLIC RADIO

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

Employer identification number 13-3015230

Part I Fundraising Activities. Co				"Yes" to Form 9	90, Part IV, line	17.	
Form 990-EZ filers are not find a lindicate whether the organization recommendation recommendation from the second				activities Charles	all that apply		
	=		_				
	e	<u> </u>					
37 =					5		
c X Phone solicitations	g	g X Special fundraising events					
d X In-person solicitations							
 2a Did the organization have a written or key employees listed in Form 95 b If "Yes," list the ten highest paid in compensated at least \$5,000 by the 	90, Part VII) or entity idividuals or entities	in connec	tion with p	orofessional fundra	ising services?	X Yes No fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
1	PLEDGE DRV						
ACD DIRECT	FUNDRAISING		X		263,258.	-263,258.	
2	FUNDRAISING						
LEWIS KENNEDY ASSOCIATES	ADVISORY		X		193,863.	-193,863.	
3	TELEPHONE						
ARIA COMMUNICATIONS	FUNDRAISING		X		151,601.	-151,601.	
4	FUNDRAISING						
JAY CLAYTON ASSOCIATES	ADVISORY		X		29,909.	-29,909.	
5 GENERATION BRANDING AND	FUNDRAISING						
COMMUNICATION	ADVISORY		X		25,368.	-25,368.	
6	FUNDRAISING						
SUTTON & LEE LLC	ADVISORY		Х		23,500.	-23,500.	
7	FUNDRAISING						
BRUCE FAGIN & COMPANY INC	ADVISORY		X		8,750.	-8,750.	
8							
9							
10							
			▶		696,249.	-696,249.	
3 List all states in which the organize registration or licensing. CA, CO, CT, FL, IL, MA, NJ, NY, NC, P	zation is registered o	or licensed	l to solicit	contributions or	has been notified	it is exempt from	

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

JSA

4E1281 1.000

Page 2 Schedule G (Form 990 or 990-EZ) 2014

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

		grood recorpte greater than we,or	00.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	RADIO REVELRY	- <u></u>	(add col. (a) through col. (c))
മ			(event type)	(event type)	(total number)	
Revenue	_	Conservation to	1 241 401	277,851.		1 610 272
eve	1	Gross receipts	1,341,421.	2//,851.		1,619,272.
œ	2	Less: Contributions	1,222,786.	193,011.		1,415,797.
		Gross income (line 1 minus	1,222,700.	173,011.		1,113,777
	"	line 2)	118,635.	84,840.		203,475
		= /		,		,
	4	Cash prizes				
	5	Noncash prizes				
S						
nse	6	Rent/facility costs	15,000.			15,000
xpe	_		140 560	02.054		181 642
Щ Ж	7	Food and beverages	148,569.	23,074.		171,643.
Direct Expenses	٥	Entertainment	68,182.	41,053.		109,235.
Δ	0	Littertailinent	68,182.	41,055.		100,233
	9	Other direct expenses	200,523.	53,098.		253,621.
				22/222		
	10	Direct expense summary. Add lines 4	through 9 in column (d))	•	549,499
	11	Net income summary. Subtract line 1	0 from line 3, column (d)	<u> ▶</u>	-346,024.
Pa	rt i			es" to Form 990, Par	t IV, line 19, or repo	rted more
		than \$15,000 on Form 990-E	Z, line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo/progressive bingo		coi. (a) tirrough coi. (c))
Re	4	Grace rayonua				
	•	Gross revenue				
S	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
Û						
irec	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes%			
	6	Volunteer labor	No	No No	No	
	_	Direct expense summary. Add lines 2	through 5 in column (d)	1	_	
	'	Direct expense summary. Add lines 2	tillough 5 in column (u)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	lumn (d)	•	
_		gg		(4)		
9	Е	nter the state(s) in which the organizat	ion conducts gaming ac	ctivities:		
ā	a Is	the organization licensed to conduct of	gaming activities in each	of these states?		Yes No
		UNIA U ALMAIA!A.				
	_					
	_					
		/ere any of the organization's gaming I	icenses revoked, suspe	ended or terminated durin	ng the tax year?	Yes No
k) If	"Yes," explain:				
	_					

	NEW YORK PUBLIC RADIO	13-3015230)
Sched	ule G (Form 990 or 990-EZ) 2014		Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entiformed to administer charitable gaming?	ty	res No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility		<u> </u>
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events bool		70
• •	records:	to and	
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives revenue?		res No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		es No
С	amount of gaming revenue retained by the third party ► \$ 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: Is the organization required under state law to make charitable distributions from the gaming pro-	accode to	
a	retain the state gaming license?		res No
b	Enter the amount of distributions required under state law to be distributed to other exempt org or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional provide and additional provide a		
PROI	(see instructions). FESSIONAL FUNDRAISERS		
	EDULE G, PART I, LINE 2B		
	E: ACD DIRECT		
ADDI	RESS: 1353 NORTH 1075 WEST #6 FARMINGTON, UT 84025		
NAM]	E: LEWIS KENNEDY ASSOCIATES		
ADDI	RESS: PO BOX 3257 PORTLAND, OR 97208		
	Caba	dule G (Form 990 d	~ 000 E7\ 2014

JSA 4E1503 2.000

> 2756BJ E299 V 14-7.16 2552323 PAGE 45

Sched	ule G (Form 990 or 990-EZ) 2014
11	Does the organization conduct 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 conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Tecolus.
	Name N
	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 ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Par	or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
Гаг	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
NAM	E: ARIA COMMUNICATIONS
ADD!	RESS: 717 WEST ST. GERMAIN STREET ST. CLOUD, MN 56301
MAM	E: JAY CLAYTON ASSOCIATES
TAT_21.1	
ADD	RESS: 35 ERIE STREET LYNN, MA 01902
	Schedule G (Form 990 or 990-EZ) 2014

Sched	fule G (Form 990 or 990-EZ) 2014		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	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:		
i,	Is the organization required under state law to make charitable distributions from the gaming proceeds to	0	
-	retain the state gaming license?		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 ▶ \$		
Par	t IV Supplemental Information. 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 provide any additional infor	mation	
	(see instructions).		
NAM.	E: GENERATION BRANDING AND COMMUNICATION		
	DEGG. 021 DD0VE GEDDEE GED 005 DD00VIII VEV VODV 11001		
ADD.	RESS: 231 FRONT STREET, STE. 207, BROOKLYN, NEW YORK 11201		
NAM	E: SUTTON & LEE LLC		
ADD:	RESS: 315 SOUTH COAST HIGHWAY 101 SUITE U289 ENCINITAS, CA 92024		
	Schedule G (Foi	rm 990 or 990)-EZ) 2014

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
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 ► \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
4.0	
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?
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 ▶ \$
Par	Supplemental Information. 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 provide any additional information (see instructions).
	(000 mondono).
NAM	E: BRUCE FAGIN & COMPANY, INC.
ADD:	RESS: 525 WEST END AVENUE #8F NEW YORK, NY 10024

Schedule G (Form 990 or 990-EZ) 2014

Sched	ule G (Form 990 or 990-EZ) 2014
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
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?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
-	amount of gaming revenue retained by the third party ▶ \$
c	If "Yes," enter name and address of the third party:
Ü	
	Name ▶
	Name ►
	Address ▶
	Address ▶
16	Gaming manager information:
. •	
	Name ▶
	Name ►
	Gaming manager compensation ▶\$
	3 m 3 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
	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?
h	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	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
FUNI	DRAISING ACTIVITIES
_ 0111	
PAR	T I, LINE 2B, COLUMNS (III)-(V)
	,,
NEW	YORK PUBLIC RADIO UTILIZES THE SERVICES OF SEVERAL FUNDRAISING
11211	TOTAL TODALO TADAO OTTALAD TADAO OT DAVIDAD TOTALADA
ADW.	ISORS TO CONSULT ON THE DEVELOPMENT ACTIVITIES OF THE ORGANIZATION.
. ۷ صد د	TOOKS TO CONSULT ON THE DEVELOTMENT MOTIVITIES OF THE ONOMITEMATION.
ישנזת	TO THE NATURE OF THESE ARRANGEMENTS IT IS UNFEASIBLE TO DEVISE A
DOR	TO THE MATORE OF THESE WAVNINGENENTS IT IS ONLEWING IN DEVISE W
מזנמי	TEM TO TRACK DECEIDED DELATED TO EIND DAIGEDS OF EIND DAIGING
SYS	TEM TO TRACK RECEIPTS RELATED TO FUND RAISERS OR FUND RAISING
DDC	TEORG AC CIGIL NEW YORK DIDLIG DADTO TO UNIADIE DO DEAGONADIA DEDERMINE
PKO	JECTS. AS SUCH NEW YORK PUBLIC RADIO IS UNABLE TO REASONABLY DETERMINE

Schedule G (Form 990 or 990-EZ) 2014

JSA 4E1503 2.000

2756BJ E299 V 14-7.16 2552323 PAGE 49

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
-	formed to administer charitable gaming?
13	
	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
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 0	Does the organization have a contract with a third party from whom the organization receives gaming
ısa	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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. 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 provide any additional information
	(see instructions).
THE	GROSS RECEIPTS FROM THE FUNDRAISING ACTIVITIES WHICH ARE SOLELY
ATTI	RIBUTABLE TO THESE ADVISORS.

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

NEW YORK PUBLIC RADIO

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

Employer identification number 13-3015230

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Χ Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Χ Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement?..... Χ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Х Χ If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Χ X 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Χ Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 X

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 Page 2

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
LAURA R WALKER	(i)	557,171.	110,000.	194,785.	102,736.	35,222.	999,914.	194,785.
1 PRESIDENT / CEO	(ii)	0	(0	0	0	0	0
MICHELE RUSNAK	(i)	273,787.	50,000.	0	16,900.	29,461.	370,148.	0
2 VP, FINANCE & ADMIN / CFO	(ii)	0	(0	0	0	0	0
DEAN CAPPELLO	(i)	302,150.	59,000.	0	16,096.	33,944.	411,190.	0
3 CCO, EVP, PROGRAMMING	(ii)	0	(0	0	0	0	0
THOMAS HJELM	(i)	316,002.	55,000.	0	11,219.	28,428.	410,649.	0
4 EVP & CHIEF DIGITAL OFFICER	(ii)	0	(0	0	0	0	0
MARGARET HUNT	(i)	296,475.	55,000.	0	11,700.	33,418.	396,593.	0
5 SVP & CHIEF DEVELOP. OFFICER	(ii)	0	(0	0	0	0	0
RACHNA KARROL	(i)	215,957.	47,500.	0	0	30,525.	293,982.	0
6 VP, HR & ORG EFFECTIVENESS	(ii)	0	(0	0	0	0	0
NOREEN O'LOUGHLIN	(i)	260,437.	38,000.	0	0	18,560.	316,997.	0
7 VP, INTEGRATED MKT & GEN. MGR	(ii)	0	(0	0	0	0	0
GRAHAM PARKER	(i)	221,119.	41,000.	0	10,434.	35,274.	307,827.	0
8 VP & GM, WQXR	(ii)	0	(0	0	0	0	0
JAD ABUMRAD	(i)	238,318.	50,000.	0	15,631.	26,714.	330,663.	0
9 MANAGING EDITOR / HOST	(ii)	0	(0	0	0	0	0
HARRY CLARK	(i)	279,149.	108,750.	0	9,100.	14,405.	411,404.	0
10 ^{GM} , UNDERWRITING	(ii)	0	(0	0	0	0	0
JOHN HOCKENBERRY	(i)	331,905.	(0	0	49,609.	381,514.	0
11 ^{HOST}	(ii)	0	(0	0	0	0	0
BRIAN LEHRER	(i)	284,965.	35,000.	0	0	44,617.	364,582.	0
12 ^{HOST}	(ii)	0	(0	0	0	0	0
JAMES SCHACHTER	(i)	253,002.	37,000.	0	8,966.	6,257.	305,225.	0
13 ^{VICE PRESIDENT, NEWS}	(ii)	0	(0	Q	0	0	0
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2014

JSA 4E1291 1.000

2756BJ E299 V 14-7.16 2552323 PAGE 52

Schedule J (Form 990) 2014

Part | 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 EMPLOYER

FUNDING OF \$70,558 IN CALENDAR YEAR 2014. \$23,595 OF THE 457(F) PLAN

VESTED ON JUNE 30, 2015; \$194,785 VESTED ON JUNE 30, 2014 AND WAS

INCLUDED IN HER 2014 FORM W-2.

COMPENSATION CONTINGENT ON REVENUES

SCHEDULE J, PART I, LINE 5A

A PORTION OF THE UNDERWRITING GENERAL MANAGER COMPENSATION IS BASED ON

THE GROSS UNDERWRITING REVENUES OF THE ORGANIZATION.

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

IN ANY GIVEN YEAR, CERTAIN STAFF MAY BE AWARDED NON-FIXED BONUSES. THE

COMPENSATION COMMITTEE AT MINIMUM APPROVES ALL BONUSES AWARDED TO STAFF

WHOSE COMPENSATION IS ALSO SUBJECT TO ITS APPROVAL.

Schedule J (Form 990) 2014

JSA 4E1505 1.000

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

Internal Revenue Service

Department of the Treasury

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

NEW YORK PUBLIC RADIO Employer identification number Name of the organization D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230 Part I Pand Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	sued (e) Issue price		ied (e) Issue price		ued (e) Issue price		ued (e) Issue price		(f) Description of purpose		(e) Issue price (f) Description of purpose		(g) De	feased	(h) beha issi	alf of	(i) Po finan
									Yes	No	Yes	No	Yes							
A TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	91-1882413	898328AA7	03/29/20	06 23	3,000,000.	RENOVATION	/ CONSTRUT	ON OF OFFICE		х		Х								
В																				
c																				
Part II Proceeds				1																
					Α		В	С				D								
1 Amount of bonds retired			[
2 Amount of bonds legally defeased																				
3 Total proceeds of issue				24,4	138,207															
4 Gross proceeds in reserve funds																				
5 Capitalized interest from proceeds																				
6 Proceeds in refunding escrows																				
7 Issuance costs from proceeds				4	127,664															
8 Credit enhancement from proceeds																				
9 Working capital expenditures from proceeds				2,0	016,186															
Capital expenditures from proceeds				21,9	994,357															
11 Other spent proceeds					·															
12 Other unspent proceeds																				
13 Year of substantial completion				200)8															
, , , , , , , , , , , , , , , , , , , ,				Yes	No	Yes	No	Yes	No		Yes	6	No							
14 Were the bonds issued as part of a current refunding	g issue?				Х															
15 Were the bonds issued as part of an advance refund	ling issue?				Х															
16 Has the final allocation of proceeds been made?				X																
17 Does the organization maintain adequate book																				
final allocation of proceeds?				X																
Part III Private Business Use					•	•														
					Α		В	С				D								
1 Was the organization a partner in a partnership				Yes	No	Yes	No	Yes	No		Yes		No							
which owned property financed by tax-exempt bond	s?		<u></u> .[X															
2 Are there any lease arrangements that may r	esult in privat	te business	use of																	
bond-financed property?					Х															

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\rm JSA}^{\rm 4E1295~1.000}~2756{\rm BJ}~E299$ $\rm V~3$

Schedule K (Form 990) 2014

V 14-7.16

2552323

Par	t III Private Business Use (Continued)	TRUST FOR	R CULTURA	L RESOU					
·		A					2	D	
3a	Are there any management or service contracts that may result in priva	ite Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outs	ide							
	counsel to review any management or service contracts relating to the financed property?		X						
С	Are there any research agreements that may result in private business use								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entiti								
	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 as								
	result of unrelated trade or business activity carried on by your organization		0.4		0.4		0/		0.4
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-	10	X						
	governmental person other than a 501(c)(3) organization since the bonds were issued	17 -	- A						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		%		%		%		%
	disposed of		76		70		70		70
C	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9		• •							
•	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2? • • • • • • • • • • • • • • • • • • •		X						
Par									l
· ai	, and a dige		Α		В		2		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction a	nd Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?								
2	If "No" to line 1, did the following apply?		'						
	Rebate not due yet?								
	Exception to rebate?								
	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation w								
	performed								
3	Is the bond issue a variable rate issue?	X							
	Has the organization or the governmental issuer entered into a qualifi	ed							
	hedge with respect to the bond issue?								
	Name of provider		RGO BANK						
	Term of hedge		20.000						
	Was the hedge superintegrated?		X						
е	Was the hedge terminated?		X			ı			

Schedule K (Form 990) 2014

Page 2

Schedule K (Form 990) 2014

Schedule K (Form 990) 2014 Page **3**

Part IV Arbitrage (Continued)									
		Α	ı	3		3)	
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X								
b Name of provider	RBC								
c Term of GIC		2.000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х								
6 Were any gross proceeds invested beyond an available temporary period?		Х							
7 Has the organization established written procedures to monitor the									
requirements of section 148?		Х							
Part V Procedures To Undertake Corrective Action	1								
		Α	ı	3		C			
Has 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?	Yes	No	Yes	No	Yes	No	Yes No		
of federal tax requirements are timely identified and corrected through the									
under applicable regulations?		X							
Part VI Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	dule K (se	e instruct	ions).	•	•		

Schedule K (Form 990) 2014

JSA 4E1328 1.000

2756BJ E299 V 14-7.16 2552323 PAGE 56

Schedule K (Form 990) 2014

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

POST-ISSUANCE COMPLIANCE

SCHEDULE K, PARTS III, IV AND V

MANAGEMENT MONITORS COMPLIANCE WITH TAX-EXEMPT BOND POST-ISSUANCE

REQUIREMENTS AND CONTACTS BOND COUNSEL SHOULD QUESTIONS ARISE.

JSA 4E1511 1.000 Schedule K (Form 990) 2014

2756BJ E299 V 14-7.16 2552323 PAGE 57

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

NEW YORK PUBLIC RADIO

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 13-3015230

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	77.	735,105.	STOCK VALUE GIVEN
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		1	F (F)	MICROCOEE III III III
25	Other ►(SOFTWARE)	X	1.	5,652.	MICROSOFT VALUE USED
26	Other ►(GOODS)	X	54.	584,254.	VENDOR VALUE USED
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received				20
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg	ement	Yes No
200	During the year did the organizat	ion roccivo	by contribution any propo	rty reported in Part I line	
Sua	During the year, did the organizat 28, that it must hold for at least the				-
	to be used for exempt purposes for	-			·
h	If "Yes," describe the arrangement in		olding period:		
31	Does the organization have a		ance nolicy that require	s the review of any r	non-standard
31					
322	contributions?				
JZa	contributions?	•	· ·		
h	If "Yes," describe in Part II.				32a 2
33	If the organization did not report ar	amount in	column (c) for a type of pro	nerty for which column (a) is checked
55	describe in Part II.	i amount ill	oolamii (o) for a type of pro	porty for willon column (a	, io oriookou,

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) Page **2**

Part II Supplem

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

NUMBER OF CONTRIBUTIONS

PART I, COLUMN (B)

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

JSA Schedule M (Form 990) (2014)

4E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

NEW YORK PUBLIC RADIO

D/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,
WWW.WNYC.ORG, WNJT FM 88.1, WNJP FM 88.5, WNJY FM 89.3, WNJO FM 90.3,
WWW.NJPR.ORG, WQXR 105.9 FM, WWW.WQXR.ORG AND THE JEROME L. GREENE
PERFORMANCE SPACE. WNYC AND WQXR ARE AMONG THE COUNTRY'S TOP LEADING
PUBLIC RADIO STATIONS. ESTABLISHED IN 1924 AS A MUNICIPAL RADIO STATION
AND OPERATED AS SUCH FOR SEVENTY-FOUR YEARS, NEW YORK PUBLIC RADIO NOW
EXISTS AS AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION WITH A VIBRANT
BOARD OF 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 TAKEWAY, RADIOLAB, ON THE MEDIA, STUDIO 360 WITH KURT ANDERSON, FREAKONOMICS RADIO AND HERE'S THE THING WITH ALEC BALDWIN. WNYC'S ORIGINAL CONTENT IS AVAILABLE TO PEOPLE WHEREVER THEY ARE VIA MOBILE PLATFORMS, ONLINE AUDIO STREAMS, PODCASTS AND SOCIAL MEDIA. WNYC ALSO PROVIDES NEW YORK AND NEW JERSEY WITH THE BEST PROGRAMMING FROM NPR, PUBLIC RADIO INTERNATIONAL, AMERICAN PUBLIC MEDIA, THE BBC, AND PUBLIC RADIO EXCHANGE. NEW JERSEY PUBLIC RADIO EXTENDS WNYC REACH AND SERVICE MORE DEEPLY INTO NEW JERSEY.

WOXR 105.9 FM IS THE NATION'S MOST LISTENED-TO CLASSICAL STATION AND NEW

Employer identification number 13-3015230

YORK CITY'S ONLY ALL-CLASSICAL MUSIC STATION. IN PARTNERSHIP WITH

CARNEGIE HALL AND AMERICAN PUBLIC MEDIA, WQXR CONTINUES TO CO-PRODUCE

LIVE BROADCAST SERIES CALLED CARNEGIE HALL LIVE. WQXR OFFERS PROGRAMS

SUCH AS METROPOLITAN OPERA RADIO SATURDAY MATINEE BROADCASTS AND NEW YORK

PHILHARMONIC THIS WEEK. IN THE JEROME L. GREENE PERFORMANCE SPACE, WQXR

GIVES AUDIENCES ACCESS TO A ROSTER OF CONCERTS, CONVERSATIONS, SEASON

PREVIEWS AND LIVE RADIO SHOWS. WQXR.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). WQXR ACQUIRED WQXW (FORMERLY

WDFH) EXPANDING ITS REACH INTO CENTRAL AND NORTHERN PARTS OF WESTCHESTER

COUNTY ON THE NEW WQXR 90.3FM.

IN ADDITION TO ITS AUDIO CONTENT, WNYC AND WQXR 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 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

Employer identification number 13-3015230

FINANCE DEPARTMENT, AS WELL AS THE PRESIDENT AND CEO. SENIOR MANAGEMENT
THEN REVIEWS THE FINAL DRAFT 990 WITH THE AUDIT COMMITTEE. THE FINAL
VERSION OF THE RETURN IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF
TRUSTEES BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE POLICY IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES. THE COMPLETED FORMS ARE REVIEWED BY THE GENERAL COUNSEL. IF ANY CONFLICTS ARE NOTED, THE GENERAL COUNSEL AND THE CHAIR OF THE AUDIT COMMITTEE CONSULT ON THE PROPER PROCESS IN ACCORDANCE WITH NEW YORK PUBLIC RADIO'S CONFLICT OF INTEREST POLICY. THERE WERE NO CONFLICTS OF INTEREST IN FY15.

DESCRIPTION OF THE PROCESS FOR DETERMINING CEO COMPENSATION FORM 990, PART IV, LINE 15

NEW YORK PUBLIC RADIO SEEKS TO ENSURE THAT COMPENSATION IS REASONABLE AND REPRESENTS THE FAIR MARKET VALUE FOR SERVICES RENDERED. NEW YORK PUBLIC RADIO ROUTINELY UTILIZES BENCHMARK STUDIES AND INDEPENDENT REVIEW OF MARKET COMPENSATION DATA FROM BOTH NONPROFIT AND MEDIA ORGANIZATIONS, AT THE TIME OF EMPLOYEE HIRING OR WHEN SPECIAL COMPENSATION ADJUSTMENTS ARE AWARDED. NEW YORK PUBLIC RADIO SETS COMPENSATION WITHIN THE RANGE OF THIS GOING MARKET RATE. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST UNDER NEW YORK PUBLIC RADIO'S CONFLICT OF INTEREST POLICY, OR A CONFLICT WITH RESPECT TO THE CEO'S COMPENSATION ARRANGEMENT, IS PERMITTED TO PARTICIPATE IN THE COMPENSATION REVIEW OR DECISION MAKING PROCESS.

ATTACHMENT 1

Name of the organization NEW YORK PUBLIC RADIO

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

13-3015230

CONTEMPORANEOUS WRITTEN RECORDS ARE KEPT OF THE PROCESS.

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.

RECONCILIATION OF NET ASSETS

PART XI, LINE 9

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT - 119,665.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
STREAMGUYS PO BOX 828 ARCATA, CA 95518	STREAMING DGTL CNTNT	485,618.
CONDE NAST PO BOX 5350 NEW YORK, NY 10087	PUBLISHING SERVICES	466,334.
LUMIERE PRODUCTIONS 26 W 17TH ST, SUITE 803 NEW YORK, NY 10011	FILM PRODUCTION	436,504.
TEKSERVE 119 W 23RD ST NEW YORK, NY 10011	BUSINESS TECHNOLOGY	408,058.
EU SERVICES AFFILIATED FUNDING LP PO BOX 676649 DALLAS, TX 75267	PRINTING & MAILING	376,101.

JSA