(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

A F	or th	e 2019	calendar year, or tax year beginning U / / UI , 2019, a	ind ending				30, 20 20	
р -	hands if	unbaatite.	C Name of organization NEW YORK PUBLIC RADIO			oloyer identi		n number	
_	_	pplicable:	D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO		13	3-30152	230		
	Addre		Doing business as						
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		phone numb			
	Initial	l return	160 VARICK STREET		(64)	6) 829	-440	)0	
	Final termi	return/ nated	City or town, state or province, country, and ZIP or foreign postal code		ı				
	Amer	nded	NEW YORK, NY 10013		<b>G</b> Gros	ss receipts \$		87,665	,274.
		cation	F Name and address of principal officer: GOLNAR SHEIKHOLESLAMI			this a group ubordinates?	return fo	or Yes	X No
	pund.	9	160 VARICK STREET, NEW YORK, NY 10013			re all subordina	tes include	ed? Yes	No
1	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		If "No," attac	h a list. (	(see instruction:	s)
J	Websi	ite: 🕨	WWW.NYPUBLICRADIO.ORG		H(c) G	roup exemption	on numb	per 🕨	
ĸ	Form	of organ	nization: X Corporation Trust Association Other	L. Year of t	formation: 19	979 <b>M</b> Sta	ate of I	legal domicile	: NY
	ert i	Su	immarv						
	1	Briefly	v describe the organization's mission or most significant activities: TO MAKI	E THE MI	ND MORE	CURIO	US,	THE HEA	ART
ę.	,	MOR	E OPEN, AND THE SPIRIT MORE JOYFUL THROUGH EXC	ELLENT A	UDIO				
anc			GRAMMING THAT IS DEEPLY ROOTED IN NEW YORK.						
ern	2		this box F if the organization discontinued its operations or disposed	of more than	1 25% of its r	net assets.			
Governance	ł		per of voting members of the governing body (Part VI, line 1a)				3		27.
			per of independent voting members of the governing body (Part VI, line 1b).				4		27.
Activities &			number of individuals employed in calendar year 2019 (Part V, line 2a)				5		648.
Ξ			number of volunteers (estimate if necessary)			1.	6		2.
Act			unrelated business revenue from Part VIII, column (C), line 12			1	'a	10,690	,749.
	ı		nrelated business taxable income from Form 990-T, line 39				'b	~~ <u>~~</u>	0.
	- D	Netui	Trefated business taxable income from 1 orn 330-1, and 33 1, 1, 1, 1, 1, 1			r Year		Current'	Year
		Cantri	ibutions and grants /Port VIII. line 1h)		69,0	15,601		63,967	,101.
E	8	Contri	ibutions and grants (Part VIII, line 1h)	15,0	61,980	.   _	15,482		
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	SPECTION		65,799			,182.
Re	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)			53,431			797.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			96,811		81,924	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				).		0.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0			0.
	14		its paid to or for members (Part IX, column (A), line 4)		59.6	80,940		59,040	176.
es			es, other compensation, employee benefits (Part IX, column (A), lines 5–10).			51,883			3,047.
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	• • • • • • •		751,000	<u>-</u>		
X	•		fundraising expenses (Part IX, column (D), line 25)   16,541,787.		32 3	864,751		31,896	5.157.
_			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			97,574		91,484	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	E .		00,763		-9 <b>,</b> 559	
<u> </u>	19	Reven	nue less expenses. Subtract line 18 from line 12		Beginning of			End of Ye	
Net Assets or Fund Balances				ŀ		211,263		128,472	
sset	20		assets (Part X, line 16)			38,440		43,913	
A P	21		liabilities (Part X, line 26)			72,823		84,559	
			ssets or fund balances. Subtract line 21 from line 20		23,2	.72,023		04/003	7/201.
Pa	rt II	Sig	gnature Block			he heat of r	my kac	wledge and	helief it is
Une	der per	nalties c	of perjury, I declare that I have examined this return, including accompanying schedul complete, Declaration of preparer (other than officer) is based on all information of which	es and statem h preparer has	any knowledg	je.	ny kno	wieuge and	Deliei, it is
			As His				i	120	つi
Sia.	<u>,                                    </u>	<b>b</b> =				Date		120	
Sig He		•	Signature of officer	י דאראני ני		50.0			
116	6	<b>B</b> -	THE HIT DO COLLECTION	ADMIN 8	X CFO				
			Type or print name and title	Data		—гт.	, PTII	N	
Paid	ı		Type preparer's name Preparer's signature	Date 04/30	\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	hecki	17	P014910	19.4
	parer	CHR	ISTINA ROSSETTI CHUMMUN COJUNA	1 04/30	"	elf-employed			724
	Only	Firm's	s name ▶KPMG LLP			EIN ▶ 13	,-35	0020/	
	-	Firm's	saddress ▶345 PARK AVENUE NEW YORK, NY 10154-0102		Phone	no. 21	/ :	58-9700	T T
			iscuss this return with the preparer shown above? (see instructions)	· · · · · · ·				X Yes	No
			Reduction Act Notice, see the separate instructions.					Form 99	<b>90</b> (2019)

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P	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.
_	Did the construction of th
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No.
	• • • • • • • • • • • • • • • • • • • •
2	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?
	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.
4a	(Code: ) (Expenses \$ 56,270,142. including grants of \$ ) (Revenue \$ 4,361,060. )
	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, WWW.WQXW.ORG,
	WWW.GOTHAMIST.COM 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 74 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 \$7,017,559. including grants of \$) (Revenue \$)
	TECHNICAL OPERATIONS FOR THE DISTRIBUTION AND SUPPORT OF
	PROGRAMMING ON WNYC AM, WNYC FM, WWW.WNYC.ORG, WNJT FM, WNJP FM,
	WNJY FM, WNJO FM, WWW.NJPR.ORG, WQXR FM, WWW.WQXR.ORG, 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.
	TECHNOLOGY FOR THE ENTIRE MY PUBLIC RADIO ORGANIZATION.
<u>4c</u>	(Code: ) (Expenses \$ 4,427,348. 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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program service expenses <b>67.715.049</b> .

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Part IV Checklist of Required Schedules Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	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
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.	X	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
	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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	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		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		,,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
a	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	401		v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	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		^
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	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	
3	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	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part IV Checklist of Required Schedules (continued) Page 4

Fart	Checklist of Required Schedules (Continued)		Yes	No
22	Did the executation report more than \$5,000 of greats or other assistance to or for demostic individuals on		res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		21
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		22	Х	
24-	employees? If "Yes," complete Schedule J	23		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	240		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		- 21
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
4	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		21
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			- L
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forme W 20 moladed in the fat. Enter of in het applicable [1,1,1,1,1]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.0	X	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form		(2019)
9E1030	2.000 2756BJ E299 V 19-8.1F 2552323	i-OIIU		(2019) AGE :

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 648			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
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
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
	3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 ·	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	agametamounio accomounioni, i i i i i i i i i i i i i i i i i i	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year.  12b	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	Х	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 2.7 1a Enter the number of voting members of the governing body at the end of the tax year . . . . 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Х 8b Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х X 13 13 Did the organization have a written whistleblower policy?.......... X 14 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure ATTACHMENT List the states with which a copy of this Form 990 is required to be filed ▶\_ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ARMANDO GUTTERREZ 160 VARICK STREET NEW YORK, NY 10013

Form **990** (2019)

9E1042 2.000

20

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) LAURA WALKER	35.00									
FORMER PRESIDENT/CEO	0.	-					Х	1,889,588.	0.	0.
(2) DEPELSHA MCGRUDER	35.00									
SVP & COO (THROUGH 6/1/20)	0.			Х				531,202.	0.	42,862.
(3)LISA BAIRD	35.00									
SVP & CMO (THROUGH 3/6/20)	0.				Х			459,570.	0.	47,510.
(4)BRIAN LEHRER	35.00									
HOST	0.					X		452,264.	0.	7,912.
(5) BROOKE GLADSTONE	35.00									
HOST	0.					X		332,861.	0.	59,160.
(6) ANDREW GOLIS	35.00									
SVP & CHIEF CONTENT OFFICER	0.				Х			349,235.	0.	35,233.
(7)NATHANIEL LANDAU	35.00									
SVP & CHIEF DIGITAL OFFICER	0.				Х			331,962.	0.	38,470.
(8) VIVIANA GUZMAN	35.00									
SVP/FIN/CFO(THROUGH 3/31/20)	0.			Х				365,419.	0.	4,084.
(9) JAMES SCHACHTER	35.00									
VP NEWS (THROUGH 7/23/19)	0.					Х		325,718.	0.	37,597.
(10) HILLARY STRONG	35.00									
SVP, DEVELOPMENT	0.				Х			288,549.	0.	51,402.
(11) TANZINA VEGA	35.00									
HOST	0.					Х		332,600.	0.	4,803.
(12) SHANNON CONNOLLY	35.00									
SVP&GM OF MUSIC(THRU 12/31/19)	0.				Х			327,710.	0.	0 .
(13) DEAN CAPPELLO	35.00									
FORMER SVP&CHIEF CTNT OFFICER	0.						Х	293,971.	0.	0
(14) ALISON STEWART	35.00									
HOST	0.					Х		280,423.	0.	927

Form **990** (2019)

9E1041 2.000

JSA

Form 990 (2019) Page **8** 

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nploy	ee:	s, and	Hig	hest Compensat	ed Employees (c	ontinu	ed)	
(A)	(B)			(C)	)		(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	not che unless	Positi eck m pers		th an	Reportable compensation from the	Reportable compensation from related organizations	ar	stimated mount o other npensati	of
	related organizations below dotted line)	Individual trustee or director			employee Key employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	fi org an	rom the ganization of related	on d
15) GOLNAR SHEIKHOLESLAMI	35.00										
PRESIDENT/CEO(START 10/1/19)	0.	Х	:	X			122,239	0.		2	,534
16) MARGARET ANADU	1.00										
TRUSTEE (START 4/23/20)	0.	Х					0	0.			0
17) JOHN BORTHWICK	1.00										
TRUSTEE	0.	Х					0	0.			0
18) RICHARD S BRAIL	1.00										
TRUSTEE	0.	Х					0	0.			0
19) JUDITH M CARSON	1.00										
TRUSTEE	0.	Х					0	0.			0
20) GONZALO CASALS (START 5/1/20)	1.00										
TRUSTEE/EXOFFICIO	0.	Х					0	0.			0
21) MARC CHAMLIN	1.00										
TRUSTEE/SECRETARY	0.	Х	:	Х			0	0.			0
22) TANUJA M DEHNE	1.00										
TRUSTEE/VICE CHAIR	0.	Х	:	x			0	0.			C
23) ANAND DESAI	1.00										
TRUSTEE	0.	Х					0	0.			C
24) DAVID DROGA	1.00										
TRUSTEE	0.	Х					0	0.			C
25) JOSHUA EMPSON	1.00										
TRUSTEE (START 6/18/20)	0.	Х					0	0.			(
1b Sub-total							6,683,311.	0.		332,	494.
c Total from continuation sheets to Part VII, S	Section A			• •			0.	0.			0 .
d Total (add lines 1b and 1c)						<b></b>	6,683,311.	0.		332,	<del>494</del> .
Total number of individuals (including but not							eceived more than	\$100.000 of			
reportable compensation from the organizatio					/			,,			
										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											
individual									4	X	
5 Did any person listed on line 1a receive or									7		
for services rendered to the organization? <i>If "</i> Y								on or murvidual	5		Х

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
ATTACHMENT 2		

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 ▶ 25

Form **990** (2019)

JSA 9E1055 1.000 Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B)				C)			(D) Reportable	<b>(E)</b> Reportable	-	<b>(F)</b> stimated		
	hours per week (list any hours for week for the compensation hours for hours													
		, ,	office	er and					-			other pensati	on	
		related	Individual trustee or director	Inst	Officer	Key	Hig! emp	Former	organization	(W-2/1099-MISC)	fr	om the		
		organizations below dotted	ividu	tituti	cer	Key employee	hest	mer	(W-2/1099-MISC)			janizatio d related		
		line)	al tr	onal		ploye	com					anization		
			uste	Institutional trustee		e	ıpen							
			(D	tee			Highest compensated employee							
26) TOM FII	NKELPEARL	1.00												
TRUSTE	E (THROUGH 12/31/19)	0.	Х						0	0.			0.	
	GELOBTER	1.00												
TRUSTE	E (START 2/13/20)	0.	Х						0	0.			0.	
28) MARYANI	NE GILMARTIN	1.00												
TRUSTE	E	0.	Х						0	0.			0 .	
29) LEAH C	JOHNSON	1.00												
TRUSTE		0.	Х						0	0.			0 .	
30) ANTON		1.00									l			
TRUSTE	E (THROUGH 12/31/19)	0.	X						0	0.	<u> </u>		0	
31) JOHN M		1.00												
TRUSTE		0.	X						0	0.			0 .	
	Y MILLARD	1.00												
TRUSTE		0.	X						0	0.			0	
	D A PACE	1.00												
TRUSTE		0.	Х						0	0.	<u> </u>		0	
34) JOHN S		1.00												
TRUSTE		0.	Х						0	0.			0	
	ROTENSTREICH	1.00												
TRUSTE		0.	X						0	0.			0	
36) JOSHUA		1.00												
TRUSTE	E	0.	X						0	0.	<b></b>		0	
1b Sub-total								<b>&gt;</b>	0.	0.			0.	
	n continuation sheets to Part VII, S	_									<del></del>			
	lines 1b and 1c)							<u> </u>						
	per of individuals (including but not				d al	bov	e) who	re	ceived more than	\$100,000 of				
геропаріе	compensation from the organizatio	n 🕨	172	<u> </u>								T.,		
												Yes	No	
	organization list any former office											37		
	on line 1a? If "Yes," complete Sched										3	X		
4 For any ir	ndividual listed on line 1a, is the	sum of rep	ortab	ole d	om	per	satior	n ai	nd other compens	sation from the				
	on and related organizations gr											Х		
											4			
	erson listed on line 1a receive or										-		X	
	s rendered to the organization? If "Y dependent Contractors	es, comple	ie SCI	ieau	ie J	ior	Sucn	per	SUII		5			
	this table for your five highest com	noncated i	ndona	nda	nt ·	con	tracto	rc +	hat received mare	than \$100 000 a				
i Complete	tine from the appearance of Depart	iperisaled I	incepe	- 11UE	iiil (	CON	uacio	15 l	mat received more	; uiaii φ i UU,UUU (	/I ! 4			

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** (2019)

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Part VII

(E)

(B)

Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

(D)

	Name and title	Average hours per	,	not ch	neck		e than o		Reportable compensation	Reportable compensation from	am	stimated nount of	
		week (list any	office	er and	d a d	irect	is both or/trust	ee)	from the	related organizations	com	other pensation	on
		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)	orga and	om the anizatio d related anizatior	t
37)	PETER SHAPIRO	1.00											
	TRUSTEE	0.	X						0 .	0.			0 .
38)	SUSAN REBELL SOLOMON	1.00											
	TRUSTEE	0.	Х						0 .	0.	1		0 .
39)	HOWARD S STEIN	1.00											
	TRUSTEE	0.	Х						0.	0.	Ì		0.
40)	MAYO STUNTZ	1.00											
	TRUSTEE/CHAIR	0.	Х		Х				0 .	0.			0.
41)	NICKI NEWMAN TANNER	1.00											
	TRUSTEE	0.	Х						0 .	0.			0.
42)	DAVID TISCH	1.00											
	TRUSTEE (THROUGH 9/9/19)	0.	Х						0 .	0.			0.
43)	EMILY TOW	1.00											
	TRUSTEE	0.	Х						0 .	0.			0.
$\overline{44}$	CYNTHIA KING VANCE	1.00											
	TRUSTEE	0.	Х						0.	0.			0.
45)	CARL WEISBROD	1.00											
	TRUSTEE	0.	Х						0.	0.			0.
46)	MARY WHITE	1.00											
	TRUSTEE (THROUGH 6/18/20)	0.	Х						0.	0.			0.
47)	BRADLEY A WHITMAN	1.00											
	TRUSTEE/VICE CHAIR/TREASURER	0.	Х		Х				0 .	0.			0.
1b	Sub-total		•					<b></b>	0.	0.			0.
С	Total from continuation sheets to Part VII, S	ection A						<b>•</b>					
	Total (add lines 1b and 1c)	-				_		$\blacktriangleright$					
	Total number of individuals (including but not reportable compensation from the organization	limited to tl		listed				o re	ceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former office	er directo	r or	fru	ste	6	kev e	mn	lovee or highes	t compensated			
Ū	employee on line 1a? If "Yes," complete Schedu										3	Х	
4	For any individual listed on line 1a, is the	cum of ron	ortob	do o	om	non	catio		nd other company	sation from the			
-	organization and related organizations gre												
	individual										4	X	
5	Did any person listed on line 1a receive or	accrue coi	mpen	satio	on f	fron	n any	un	related organization	on or individual			
	for services rendered to the organization? If "Yo	es," comple	te Sch	hedu	le J	for	such	per	son		5		X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization. Report of												

Description of services Compensation Name and business address

(B)

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 ▶

(A)

Form **990** (2019)

(C)

JSA 9E1055 1.000

year.

Part VII

(A)

TRUSTEE/VICE CHAIR  0. X X  0. 0.  1b Sub-total  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  172	$\overline{}$	990 (2019)			1 -				12	l ( O					age <b>8</b>
Name and title    Name and title   Name (let my brown feel (let my fe	Pai			y⊵n	npic			and F	ligi			yees (c			
related organizations below delated fereign organization below delated from the program to the		* *	Average hours per week (list any	box,	unle	Pos heck ss pe	ition more	is both	an	Reportable compensation from	Reporta compensation relate	on from d	Es am	timated ount of other	on
TRUSTEE/VICE CHAIR 0. X X 0. 0. 0.			organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			fro orga and	om the anization I related	n I
1b Sub-total	48)	TIMOTHY A WILKINS	1.00												
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the		TRUSTEE/VICE CHAIR	0.	X		X				0		0.			0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			<u> </u>												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the															
Total (add lines 1b and 1c)	1b	Sub-total			<u> </u>	<u> </u>			<b></b>	0.		0.			0.
reportable compensation from the organization ▶ 172  Yes No.  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	С	Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>						
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						ed a	bove	e) who	re	ceived more than	\$100,000	of			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	3	Did the organization list any former office	er, directo	or, or	· tru	uste	e,	key e	mp	oloyee, or highes	t compens	ated		Yes	No
													3	X	
individual		organization and related organizations gro	eater than	\$15	50,0	00?	) If	"Yes					4	Х	
Total del necessaria de la dispanicación no real percentación del percenta		for services rendered to the organization? If "Yo											5		X
Section B. Independent Contractors		•													
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		compensation from the organization. Report of													
(A) (B) (C) Name and business address Description of services Compensation			dress								ervices	С		ation	

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 ►

## Part VIII Statement of Revenue

		Check if Schedule O contains a res	oonse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	ı				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 11	)				
s, G	С	Fundraising events 10	1,364,160.				
ift:	d	Related organizations 10	ı				
s, G	е	Government grants (contributions) 16	395,290.				
Sign	f	All other contributions, gifts, grants,					
but		and similar amounts not included above . 1f	62,207,651.				
وتَ	g	Noncash contributions included in					
Sor		<del></del>	2,089,495.	62.065.101			
	<u>n</u>	Total. Add lines 1a-1f	Business Code	63,967,101.			
Vice	2a	PRODUCTION	512290	3,117,093.	3,117,093.		
Program Service Revenue	b	COLLABORATIVE AGREEMENTS	515100	1,502,561.	1,502,561.		
m S	С	OTHER PROGRAM SERVICE REVENUE	515100	-258,594.	-258,594.		
gra Re	d	TAXABLE UNDERWRITING	900099	11,121,842.		11,121,842.	
Š	е		_				
ъ.	f	All other program service revenue		15 402 002			
	<u>g</u>	Total. Add lines 2a-2f		15,482,902.			
	3	Investment income (including dividend	_	633,753.		120.	633,633.
	4	other similar amounts)		0.		1201	033,033.
	5	Royalties		2,327,406.			2,327,406.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 101,23	33. 4,400.				
	b	Less: rental expenses 6b 535,72	22. 1,124.				
	С	Rental income or (loss) 6c -434,48	3,276.				
	d	Net rental income or (loss)	<u> ▶</u>	-431,213.		-431,213.	
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 5,071,63	34.				
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b 4,834,20					
	C	Gain or (loss)		237,429.			237,429.
Other	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	237,429.			237,429.
ᅙ	8a	Gross income from fundraising events (not including \$ 1,364,160.					
		oromo (not motaumy ¢					
		of contributions reported on line  1c). See Part IV, line 18	76,845.				
	b	10): 000: 0.1: 1.1: 1.1:	369,241.				
	c	Net income or (loss) from fundraising ever		-292,396.			-292,396.
	9a	Gross income from gaming	)a 0.				
	b	Less: direct expenses	<b>b</b> 0.	0.			
	C	Net income or (loss) from gaming activiti	es	0.			
	10a	Gross sales of inventory, less returns and allowances	<b>na</b> 0.				
	b		<b>0b</b> 0.				
	C	Net income or (loss) from sales of inventory	•	0.			
S			Business Code				
Miscellaneous Revenue	11a						
ant	b						
Sel	С						
Mis	d	All other revenue					
		Total. Add lines 11a-11d		0.			
JSA	12	Total revenue. See instructions	<u> </u>	81,924,982.	4,361,060.	10,690,749.	2,906,072.
9E105	1 2.000 27	) 56BJ E299	V 19	-8.1F	2552323		Form <b>990</b> (2019) PAGE 1

### 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								
Do									
	9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	Fundraising				
			expenses	general expenses	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	4,539,712.	3,471,145.	410,000.	658,567.				
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	43,421,232.	33,621,127.	2,555,203.	7,244,902.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	1,182,410.	845,007.	105,391.	232,012.				
9	Other employee benefits	6,501,113.	4,776,074.	650,285.	1,074,754.				
10	Payroll taxes	3,395,709.	2,566,159.	317,397.	512,153.				
11	Fees for services (nonemployees):								
а	Management	0.		205 205					
b	Legal	225,227.	100 200	225,227.	25 610				
	Accounting	244,401.	192,399.	16,392.	35,610.				
	Lobbying	0.			F40 047				
	Professional fundraising services. See Part IV, line 17.	548,047.	181,557.	15,468.	548,047. 33,603.				
f	Investment management fees	230,628.	101,337.	15,400.	33,003.				
g	Other. (If line 11g amount exceeds 10% of line 25, column	5,100,489.	3,575,924.	883,315.	641,250.				
	(A) amount, list line 11g expenses on Schedule O.)	1,005,748.	677,822.	46,060.	281,867.				
	Advertising and promotion	1,539,391.	1,125,053.	98,142.	316,196.				
13	Office expenses	1,552,221.	858,724.	296,227.	397,270.				
14	Information technology	0.	030,721.	250,227.	377,270.				
15	Royalties	5,643,123.	4,808,225.	291,412.	543,486.				
16 17	Occupancy	540,283.	387,758.	99,923.	52,602.				
	Travel	0.00, 2.00							
10	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	280,970.	164,474.	59,637.	56,859.				
20	Interest	757,549.	,	757,549.	<u> </u>				
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	2,380,666.	1,853,791.	183,772.	343,103.				
23	Insurance	319,445.	250,929.	21,597.	46,918.				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
u	PROGRAM ACQUISITION	5,151,582.	5,151,582.						
-	MEMBERSHIP SERVICES	3,522,588.			3,522,588.				
_	BAD DEBT	163,913.		163,913.					
d	FINANCING COSTS	30,634.	2 22 22 2	30,634.					
е	All other expenses	3,207,299.	3,207,299.	F 005 544	16 541 505				
	Total functional expenses. Add lines 1 through 24e	91,484,380.	67,715,049.	7,227,544.	16,541,787.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)	0.							

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,225,644.	1	1,785,705.
	2	Savings and temporary cash investments	11,017,739.	2	16,613,366.
	3	Pledges and grants receivable, net	16,111,830.	3	14,275,706.
	4	Accounts receivable, net	6,459,564.	4	4,995,073.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	1,503,251.	9	1,661,913.
	-	Land, buildings, and equipment: cost or other			
	···	basis. Complete Part VI of Schedule D 10a 49,792,938.			
	b	Less: accumulated depreciation	14,523,863.	10c	13,242,661.
	11	Investments - publicly traded securities	26,144,637.	11	26,666,453.
	12	Investments - other securities. See Part IV, line 11	16,994,490.	12	17,382,557.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	33,230,245.	15	31,849,459.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	127,211,263.	16	128,472,893.
	17	Accounts payable and accrued expenses	14,105,681.	17	16,860,847.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
'n	22	Loans and other payables to any current or former officer, director,	<u> </u>	41	<u> </u>
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ΙĘ		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	15,746,548.	23	15,749,377.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		27	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,086,211.	25	11,303,435.
	26	Total liabilities. Add lines 17 through 25	33,938,440.	26	43,913,659.
	20	Organizations that follow FASB ASC 958, check here ► X	33,733,133	20	20,7220,7307
Fund Balances		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	72,145,294.	27	65,752,589.
Ва	28	Net assets with donor restrictions.	21,127,529.	28	18,806,645.
pu		Organizations that do not follow FASB ASC 958, check here ▶		20	
Ŀ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥.	32	Total net assets or fund balances	93,272,823.	32	84,559,234.
Net	33	Total liabilities and net assets/fund balances	127,211,263.	33	128,472,893.
		. C.C	, , ,		Form <b>990</b> (2019)

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NEW YORK PUBLIC RADIO

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	(2013)					gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		81,9		
2	2 Total expenses (must equal Part IX, column (A), line 25)				84,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		-9,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		93,2		
5	Net unrealized gains (losses) on investments	5		8	45,8	309.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		84,5	59,2	234.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of		х	
	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, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

#### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW YORK PUBLIC RADIO

Employer identification number 13-3015230

D/E	s/A	WNYC RADIO, WQXR A	ND NJ PUBLIC	RADIO			13-30152	30
Pai	tΙ	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	i.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck 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 (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organization	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norm	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Eı	nter the	name, city, and state o	f the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	nent income and ui in after June 30, 19	nrelated business tax 975. See <b>section 509</b> (	able incc ( <b>a)(2).</b> (0	ome (les: Complete	s section 511 tax) from Part III.)	nip fees, and gross n 331/3% of its businesses
11		An organization organized	•	•	•			
12		An organization organized	•					• • • •
		of one or more publicly su						. , , ,
	_	Check the box in lines 12a t	=	7.7		_	· ·	_
а		Type I. A supporting orga	•	•	-		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
	Г	supporting organization.						(-) - h h !
b	_	<b>Type II.</b> A supporting org	•					
		control or management of			tne sam	e persor	is that control or man	age the supported
	Г	organization(s). You must	=				20	United and a second and a second
С	L	Type III functionally inte						lly integrated with,
	Г	its supported organization		· ·				to d. a.u.a.u.;—at;a.u.(a)
d	_	Type III non-functionally					• • • • • • • • • • • • • • • • • • • •	• , ,
		that is not functionally into	-	-	-		· · · · · · · · · · · · · · · · · · ·	an allenliveness
е	Г	requirement (see instruct Check this box if the orga	•	•				I Type III
-	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	і, туре ііі
f	Fn	ter the number of supported			porting	nganizai		
q		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	`		, ,	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
						110		
(A)								
/D\								
(B)								
(C)								
(C)						<u></u>		
(D)								
(D)								
(E)								
\ <del>-</del> /								
Tota								

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,706,155.	63,515,257.	68,799,416.	69,015,601.	63,967,101.	331,003,530.
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	65,706,155.	63,515,257.	68,799,416.	69,015,601.	63,967,101.	331,003,530.
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).						7,216,636.
_6	Public support. Subtract line 5 from line 4						323,786,894.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	65,706,155.	63,515,257.	68,799,416.	69,015,601.	63,967,101.	331,003,530.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	447,716.	1,636,124.	1,950,286.	2,353,521.	2,961,159.	9,348,806.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						340,352,336.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	34,145,131.
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				1	<u> </u>	05 12
14	Public support percentage for 2019 (lin	. , ,	•			14	95.13 <b>%</b> 95.07 <b>%</b>
15	Public support percentage from 2018					15	
16a	33 1/3 % support test - 2019. If the org	=					
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2018. If the org						
47-	this box and <b>stop here.</b> The organization	•		_			
1 <i>1</i> a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			•	•		
	organization						
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization						-
	Explain in Part VI how the organization				_	-	
10	supported organization  Private foundation. If the organization						
18							
	instructions					abadula A (Farm 0	

9E1220 1.000 2756BJ E299 V 19-8.1F 2552323 PAGE 18 Schedule A (Form 990 or 990-EZ) 2019 Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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					<u>,                                      </u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	<del></del>					
	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					<u>                                       </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6						
	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						
14	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	or the organiza	tion's first, seco	nd, third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	· ·	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2019 (line 8,		<u> </u>	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
	tion D. Computation of Investment						,0
<u> 17</u>	Investment income percentage for 2019 (lin			13. column (f))		17	%
18	Investment income percentage for 2013 (in					18	
	331/3% support tests - 2019. If the org						
134	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2018. If the orga	-	_	•			
D	line 18 is not more than 331/3%, check				•		· . —
20	<b>Private foundation.</b> If the organization d		•	•			
				,,,			

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Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	<b>Organizations</b>
----------------	------------	----------------------

organization was described in section 509(a)(1) or (2).

- 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.
   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
- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 or 990-EZ).
- 9a 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 9a) 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 9a) 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b 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
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part	Supporting Organizations (continued)			
			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion 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 <b>Part VI</b> 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		
Sect	ion C. Type II Supporting Organizations		I	
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
		1		
Sect	ion D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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	_		
Ū	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
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			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	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		
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? Provide details in Part VI.	3a		
b	5 1 1 0 1	0.1		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		•
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	
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>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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	g organization (see
instructions).			·

Schedule A (Form 990 or 990-EZ) 2019

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Page 7 Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
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	ses of supported organiz	zations	
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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V

2756BJ E299 V 19-8.1F 2552323 PAGE 23 Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2019

### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

2019

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 cov	ered by the <b>General Rule</b> or a <b>Special Rule</b> .						
<b>Note:</b> Only a section 501(c)(7), (instructions.	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
<del>-</del>	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.						
Special Rules							
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 for 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2019)

JSA

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Employer identification number 13-3015230

Part I	Contributors (see instructions).	. Use duplicate copies of Part I if additional space is needed.

	<u> </u>	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$3,510,490.	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_		\$2,500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$1,418,922.	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 Employer identification number D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230

Part II	<b>Noncash Property</b>	(see instructions	s). Use duplicate co	pies of Part II if additional s	pace is needed.

raitii	Noticasti Froperty (see instructions). Ose duplicate copies	or rait in additional space is the	eueu.
(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 or	ganization NEW YORK PUBLIC RADIO		Employer identification number					
	D/B/A WNYC RADIO, WQXR		13-3015230					
Part III	(10) that total more than \$1,000 for	the year from any one cont ions completing Part III, enter e year. (Enter this information	ons described in section 501(c)(7), (8), or tributor. Complete columns (a) through (e) the total of exclusively religious, charitable, n once. See instructions.) ▶\$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
<u> Part i</u>								
		(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, at	Relationship of transferor to transferee						
	-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						
	Transference of manner, additional, and		Total of the first to the first					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

#### 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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 un	ider section 501(h)): Co	mplete Part II-A. Do not com	iplete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (electi	on under section 501(h)	): Complete Part II-B. Do no	t complete Part II-A.
Гах)	(see separate instructions), ther		Tax) (see separate in	structions) or Form 990-l	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization NEW YORK	PUBLIC RADIO		Employer ide	ntification number
D/B	S/A WNYC RADIO, WQXR			13-301	
Par	rt I-A Complete if the o	organization is exempt under	section 501(c) or i	s a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	tivities in Part IV. (see ir	structions for
	definition of "political campa	ign activities")			
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ► \$	
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
	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		xpended by the filing organization			
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ns for section	
3		enditures. Add lines 1 and 2. Ent			
•	·			•	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	n 527 political organiza	ations to which the filing
		s. For each organization listed, en			
		ributions received that were prom			
	as a separate segregated fur	nd or a political action committee (	PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				runus. Ii none, enter -o	delivered to a separate
					political organization. If
					none, enter -0
(1)					
. ,					
(2)					
(3)					
. ,					
(4)					
			1		
(5)					
(6)					
			1		

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

Schedule C (Form 990 or 990-EZ) 2019

201104410 0 (1 01111 000 01 000 122) 2010					
Part II-A Complete if the organization 501(h)).	anization is exen	npt under sectior	501(c)(3) and f	iled Form 5768 (ele	ction under
	· ·	affiliated group (and excess lobbying expe		ch affiliated group mem	ber's name,
B Check ► if the filing organiza	ation checked box A	A and "limited contro	I" provisions apply	<b>'</b> .	
Limits o	on Lobbying Expend res" means amour	ditures nts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in b Total lobbying expenditures to in c Total lobbying expenditures (add d Other exempt purpose expenditure total exempt purpose expenditure f Lobbying nontaxable amount.	fluence a legislative I lines 1a and 1b) Ires Ires Ires (add lines 1c an	e body (direct lobbyi	ng)	67,713,541. 67,713,541.	
columns.				1,000,000.	
If the amount on line 1e, column (a)	or (b) is: The lobbyin	ig nontaxable amount i	s:		
Not over \$500,000	20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,000,	000 \$100,000 pl	us 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,000 pl	us 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$225,000 pl	us 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (	enter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If z				0.	0.
i Subtract line 1f from line 1c. If ze	ero or less, enter -0-			0.	0.
j If there is an amount other that reporting section 4911 tax for the	is year?		<u> </u>		Yes X No
		aging Period Under			
(Some organizations that	made a section 50	1(h) election do no	t have to complet	e all of the five colum	ıns below.
	See the separat	te instructions for I	ines 2a through 2	f.)	
	Lobbying Exper	nditures During 4-Ye	ear Averaging Peri	od	
	4 > 0040	# > 00.47	4 > 00 4 0	( ), 0,0,4,0	/ N.T

Lobbying Expenditures During 4-Year Averaging Period						
<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total		
1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
				6,000,000.		
18,599.	19,642.			38,241.		
250,000.	250,000.	250,000.	250,000.	1,000,000.		
				1,500,000.		
	(a) 2016 1,000,000.	(a) 2016 (b) 2017  1,000,000. 1,000,000.  18,599. 19,642.	(a) 2016 (b) 2017 (c) 2018  1,000,000. 1,000,000. 1,000,000.  18,599. 19,642.	(a) 2016 (b) 2017 (c) 2018 (d) 2019  1,000,000. 1,000,000. 1,000,000. 1,000,000.  18,599. 19,642.		

Schedule C (Form 990 or 990-EZ) 2019

9E1265 1.000 2756BJ E299 V 19-8.1F 2552323 PAGE 30 Schedule C (Form 990 or 990-EZ) 2019 Page **3** 

Pa	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d For	m 57	68		
For	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed				(b)		
des	cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
a	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
b	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	. or s	ectio			
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from						
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" (					3 ie	
	answered "Yes."	) / (L	,, i a		.,	J, 13	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts (	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b 2c			
C	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due						
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?	DDyll	ig	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	d grou	up list	i); Parl	t II-A, li	nes 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) 2019

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Schedule C (Form 990 or 990-EZ) 2019 Page 4

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2019

#### SCHEDULE D (Form 990)

### Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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" on 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 (for example, 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 а 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, 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 Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 8 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" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: ▶ \$

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page **2** 

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical	Treasures, o	r Other S	Similar Assets (d	continued)	rage <b>=</b>
3	Using the organization's acquisition	n, accession, and o	ther records, ch	eck any of th	e followi	ng that make sigr	nificant use	of its
	collection items (check all that app	ly):						
а	Public exhibition		d Loa	ın or exchang	e program	1		
b	Scholarly research		e Oth	er				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain ho	w they furthe	r the org	anization's exemp	t purpose i	n Part
	XIII.							
5	During the year, did the organization	n solicit or receive d	onations of art, h	istorical treas	ures, or o	ther similar		
	assets to be sold to raise funds rath		ined as part of th	ne organizatio	n's collect	tion?	Yes	No
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza	tion answered "Ye	s" on Form 990	), Part IV, line	e 9, or re	ported an amour	nt on Form	1
	990, Part X, line 21.							
1a	Is the organization an agent, truste							
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following	table:				
						Amount		
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am							X No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explana	ion has been p	provided o	n Part XIII		
Pa	rt V Endowment Funds.							
	Complete if the organiza	tion answered "Ye	s" on Form 990					
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Four yea	
1a	Beginning of year balance	831,700.	829,90		1,105.	336,760.	339	9,024
b	Contributions			500	,000.			
С	Net investment earnings, gains,							
	and losses	-11,237.	19,20	2.	7,214.	9,841.		5,211
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	13,122.	17,40		3,415.	12,496.		7,475
g	End of year balance	807,341.	831,70	0. 829	9,904.	334,105.	336	5,760
2	Provide the estimated percentage	of the current year e	end balance (line	1g, column (a)	) held as:			
а	Board designated or quasi-endown		_%					
b	Permanent endowment ▶ 100.0	<u> </u>						
С		%						
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of th	e organization th	at are held ar	nd admini	stered for the		
	organization by:						Yes	
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	_	•				3b	
4	Describe in Part XIII the intended u		tion's endowment	funds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	<b>IIPment.</b> ation answered "Ye	es" on Form 99	0 Part IV lin	e 11a S	ee Form 990 Pa	rt X line 1	0
	Description of property	(a) Cost or		ost or other basis			) Book value	<u> </u>
		(invest		(other)		ciation	, 	
1 a	Land							
b	Buildings							
С	Leasehold improvements			,047,266.		39,022.	8,908,	
d	Equipment			,017,190.		88,629.	3,478,	
e	Other			728,482.		72,626.		,856.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, col	umn (B), line 1	0c.)	▶	13,242,	661.

Schedule D (Form 990) 2019

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Schedule D (Fo	orm 990) 2019	Page 3
Part VII	Investments - Other Securities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A) U.S. EQUITY	2,496,908.	FMV			
(B) GLOBAL EQUITY	4,675,841.	FMV			
(C) EMERGING MARKETS	1,234,728.	FMV			
(D) HEDGE FUNDS	8,563,007.	FMV			
(E) INFLATION HEDGING	412,073.	FMV			
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	17,382,557.				

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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" on 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) DUE FROM COLLABORATIVE	666,362.
(3) OTHER ASSETS	1,940,710.
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	31,849,459.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)	REFUNDABLE ADVANCE	1,000,000.
(3)	DUE TO COLLABORATIVE	181,862.
(4)	OTHER LIABILITIES	1,185,556.
(5)	CURRENT PORTION OF REFUNDABLE ADVAN	8,936,017.
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,303,435.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Page 4 Schedule D (Form 990) 2019

Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	84,120,314.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants	.			
d	Other (Describe in Part XIII.)	0-	1,658,486.		
е	Add lines 2a through 2d	2e 3	82,461,828.		
3	Subtract line 2e from line 1	3	02/101/0201		
4 a	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b				
a b	Other (Describe in Part XIII.) -536,846.				
c	Add lines 4a and 4b	4c	-536,846.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	81,924,982.		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.			
1	Total expenses and losses per audited financial statements	1	92,833,903.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	.			
b	Prior year adjustments				
C	Other (Describe in Part XIII.)  Other (Describe in Part XIII.)  2c  2d  536,846.	-			
d	Other (Describe in Late Alli.)	2e	1,349,523.		
e	Add lines 2a through 2d	3	91,484,380.		
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b	4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	91,484,380.		
	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform				
	PAGE 5				

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### 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 SCHEDULE D, PART XI, LINE 4B AND PART XII, LINE 2D RECLASSIFICATION OF \$536,846 OF EXPENSES FOR RENTALS OF THE GREENE SPACE AND THE STUDIO RENTALS FROM EXPENSES TO REVENUE, PART VIII, LINE 6B.

Schedule D (Form 990) 2019

JSA 9E1226 1.000

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#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

Department of the Treasury

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization NEW YORK PUBLIC RADIO **Employer identification number** D/B/A WNYC RADIO, WOXR AND NJ PUBLIC RADIO 13-3015230 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 2 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.) (c) Number of (b) Number (a) Region (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, of offices in region (by type) (such as, a program service, expenditures for agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) CENTRAL AMERICA/CARIBBEAN 0. 0. INVESTMENTS 1,342,037. 0. (2) EUROPE 0. INVESTMENTS 5,250,145. (3) NORTH AMERICA 0. 0. INVESTMENTS 1,168,878. (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Subtotal 3a 7,761,060.

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

from continuation

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

7,761,060. Schedule F (Form 990) 2019

Total

NEW YORK PUBLIC RADIO

Schedule F (Form 990) 2019

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	the IRS, or for which the gra	nt organizations listed above to antee or counsel has provide ganizations or entities	d a section 501(c)(3)	equivalency letter	·		<b>&gt;</b>		

Schedule F (Form 990) 2019

NEW YORK PUBLIC RADIO 13-3015230

Schedule F (Form 990) 2019

#### 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 Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) \_(4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14)

Schedule F (Form 990) 2019

(15)

(16)

(17)

(18)

Schedule F (Form 990) 2019 Page 4

Part	V Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) 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 separately 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; don't file with Form 990) Yes 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)	
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	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes X	

Schedule F (Form 990) 2019

9E1277 1.000 2756BJ E299 V 19-8.1F 2552323 PAGE 41 Schedule F (Form 990) 2019 Page **5** 

# Part V Supplem

Supplemental Information
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) 2019

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#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

NEW YORK PUBLIC RADIO

compensated at least \$5,000 by the organization.

Employer identification number

D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Χ X Internet and email solicitations Solicitation of government grants Χ Phone solicitations X Special fundraising events С X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No				
1							
ATTACHMENT 1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					547,676.		
3 List all states in which the organizate registration or licensing.	ation is registered	or license	d to solicit	contributions or	has been notified	it is exempt from	
AL, AK, AR, CA, CO, CT, DC, FL, HI, II							
KS, KY, ME, MD, MA, MI, NH, NJ, NM, NY							
OK, OR, PA, RI, SC, TN, UT, VA, WA, WY	,WI,						

Cab	النامة		RK PUBLIC RADIO		13-	-3015230						
	edule art l	G (Form 990 or 990-EZ) 2019  Fundraising Events. Complet	te if the organization	answered "Yes" on I	Form 990, Part IV,	Page <b>2</b> line 18, or reported						
		more than \$15,000 of fundra events with gross receipts gre	aising event contributi									
		3 1 3	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through						
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )						
Revenue	1	Gross receipts	1,441,006.			1,441,006.						
ď	2	Less: Contributions	1,364,161.			1,364,161.						
	3	Gross income (line 1 minus	2,001,101,			1,501,101						
		line 2)	76,845.			76,845.						
	4	Cash prizes										
	5	Noncash prizes										
sesu	6	Rent/facility costs	77,381.			77,381.						
<b>Direct Expenses</b>	7	Food and beverages	122,537.			122,537.						
Direct	8	Entertainment	45,273.			45,273.						
	9	Other direct expenses	124,051.			124,051.						
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		369,242.						
Da	11	Net income summary. Subtract lii  Gaming. Complete if the org	ne 10 from line 3, colu	ımn (d)		-292,397.						
Г	II L	\$15,000 on Form 990-EZ, lin		res on Form 990, i	Part IV, line 19, or	reported more than						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))						
Rev	1	Gross revenue										
ses	2	Cash prizes										
⊂	3	Noncash prizes										
Direct Expe	4	Rent/facility costs										
_	5	Other direct expenses										
	6	Volunteer labor	Yes % No	Yes% No	Yes% No							
	7 Direct expense summary. Add lines 2 through 5 in column (d)											

	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶
9	Enter the state(s) in which the organization conducts gaming activities:
a b	Is the organization licensed to conduct gaming activities in each of these states? Yes No. If "No," explain:
10a b	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

#### NEW YORK PUBLIC RADIO

11	Does the organization conduct gaming activities with nonmembers? Yes No
	DOES THE OLIVANIZATION CONTROL MAINING ACTIVITIES WITH HOUSENDERS:
	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?
	Indicate the percentage of gaming activity conducted in:
	, , , , , , , , , , , , , , , , , , , ,
	, , , , , , , , , , , , , , , , , , , ,
	,
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Tecords.
	Name &
	Name ►
	Address ►
45.0	Dogs the averagization have a contract with a third party from whom the averagization receives remine
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	revenue?
D	amount of gaming revenue retained by the third party ► \$
	If "Yes," enter name and address of the third party:
·	in 163, enter hame and address of the tilla 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
	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
רואוום.	(see instructions).  PRAISING ACTIVITIES
F UND.	RAISING ACTIVITIES
PART	I, LINE 2B, COLUMNS (III)-(V)
NEW	YORK PUBLIC RADIO UTILIZES THE SERVICES OF SEVERAL FUNDRAISING
ADVI	SORS TO CONSULT ON THE DEVELOPMENT ACTIVITIES OF THE ORGANIZATION.
DUE	TO THE NATURE OF THESE ARRANGEMENTS IT IS UNFEASIBLE TO DEVISE A
SYST	EM TO TRACK RECEIPTS RELATED TO FUNDRAISERS OR FUNDRAISING PROJECTS.
AS S	UCH NEW YORK PUBLIC RADIO IS UNABLE TO REASONABLY DETERMINE THE GROSS

Schedule G (Form 990 or 990-EZ) 2019

#### NEW YORK PUBLIC RADIO

Sched	ule G (Form 990 or 990-EZ) 2019 Page <b>3</b>
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:
	, g g g ,
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?
b	
-	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
·	in 103, Chief hame and address of the till party.
	Name >
	Name ►
	Addraes N
	Address ►
16	Gaming manager information:
10	Gaming manager information.
	Nama N
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	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 proceeds to
а	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Down	or spent in the organization's own exempt activities during the tax year > \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
DEG	(see instructions).
REC.	EIPTS FROM THE FUNDRAISING ACTIVITIES WHICH ARE SOLELY ATTRIBUTABLE TO
THE	SE ADVISORS.

Schedule G (Form 990 or 990-EZ) 2019

9E1503 1.000 2756BJ E299 V 19-8.1F 2552323 PAGE 46

#### ATTACHMENT 1

### 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
LEWIS KENNEDY ASSOCIATES  PO BOX 3257  PORTLAND  OR 97208	FUNDRAISING ADVISORY	X		260,700.	-260,700.
ACD DIRECT  1353 NORTH 1075 WEST #6 FARMINGTON UT 84025	PLEDGE DRV FUNDRAISING	X		160,479.	-160,479.
MOGO MARKETING + MEDIA LLC 21 TAMAL VISTA BLVD. #207 CORTE MADERA CA 94925	FUNDRAISING ADVISORY	X		34,587.	-34,587.
SD&A TELESERVICES, INC  5757 WEST CENTURY BOULEVARD, SUITE 300 LOS ANGELES CA 90045	TELEPHONE FUNDRAISING	X		10,000.	-10,000.
JAY CLAYTON ASSOCIATES  35 ERIE STREET LYNN MA 01902	FUNDRAISING ADVISORY	X		32,050.	-32,050.

NEW YORK PUBLIC RADIO			13	-3015230
			ATTACHMENT 1	(CONT'D)
SUTTON & LEE LLC	FUNDRAISING			
215 GURRON GOAGE UTGURAY 101	ADVISORY	X	31,500.	-31,500.
315 SUTTON COAST HIGHWAY 101 SUITE U289				
ENCINITAS				
CA 92024				
UPLAND SOFTWARE INC	TXT MSG MKT			
MODILE COMMONS	FINDDATCING	V	19 260	_10 260

ENCINITAS
CA 92024

UPLAND SOFTWARE INC TXT MSG MKT
MOBILE COMMONS FUNDRAISING X 18,360. -18,360.
401 CONGRESS AVE STE 1850
AUSTIN
TX 78701

#### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **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	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Housing allowance or residence for personal use  Payments for business use of personal residence  Health or social club dues or initiation fees  Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	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 on line			
	1a?	2		
3	Indicate which, if any, of the following the 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.    X			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	-		
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

NEW YORK PUBLIC RADIO 13-3015230

Schedule J (Form 990) 2019

## 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 on 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 aren't 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	f W-2 and/or 1099-MIS	C 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 on prior Form 990	
LAURA WALKER	(i)	1,202,991.	0.	686,597.	0.	0.	1,889,588.	167,902.	
1 FORMER PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
VIVIANA GUZMAN	(i)	316,221.	36,833.	12,365.	168.	3,915.	369,502.	0.	
2SVP/FIN/CFO(THROUGH 3/31/20)	(ii)	0.	0.	0.	0.	0.	0.	0.	
DEPELSHA MCGRUDER	(i)	372,321.	100,000.	58,881.	0.	42,862.	574,064.	0.	
3SVP & COO (THROUGH 6/1/20)	(ii)	0.	0.	0.	0.	0.	0.	0.	
LISA BAIRD	(i)	331,293.	68,000.	60,277.	108.	47,402.	507,080.	0.	
SVP & CMO (THROUGH 3/6/20)	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANDREW GOLIS	(i)	293,583.	22,667.	32,985.	0.	35,233.	384,468.	0.	
5SVP & CHIEF CONTENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
DEAN CAPPELLO	(i)	293,971.	0.	0.	0.	0.	293,971.	0.	
FORMER SVP&CHIEF CTNT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
SHANNON CONNOLLY	(i)	308,212.	0.	19,498.	0.	0.	327,710.	0.	
7SVP&GM OF MUSIC(THRU 12/31/19)	(ii)	0.	0.	0.	0.	0.	0.	0.	
NATHANIEL LANDAU	(i)	248,991.	48,620.	34,351.	0.	38,470.	370,432.	0.	
8SVP & CHIEF DIGITAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
HILLARY STRONG	(i)	206,805.	41,863.	39,881.	6,500.	44,902.	339,951.	0.	
9 <sup>SVP, DEVELOPMENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
BROOKE GLADSTONE	(i)	280,968.	15,000.	36,893.	18,200.	40,960.	392,021.	0.	
10 <sup>HOST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
BRIAN LEHRER	(i)	386,455.	65,809.	0.	0.	7,912.	460,176.	0.	
11 <sup>HOST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
TANZINA VEGA	(i)	332,600.	0.	0.	0.	4,803.	337,403.	0.	
12 <sup>HOST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
ALISON STEWART	(i)	255,423.	25,000.	0.	0.	927.	281,350.	0.	
13 <sup>HOST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
JAMES SCHACHTER	(i)	305,718.	5,000.	15,000.	9,193.	28,404.	363,315.	0.	
14 P NEWS (THROUGH 7/23/19)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2019

NEW YORK PUBLIC RADIO 13-3015230

Schedule J (Form 990) 2019

#### Part | Supplemental Information

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 FULLY VESTED 457(F) ARRANGEMENT, LAURA WALKER RECEIVED EMPLOYER

FUNDING OF \$167,902 IN CALENDAR YEAR 2019; THIS AMOUNT VESTED ON MARCH

31, 2019 AND WAS INCLUDED IN HER 2019 FORM W-2; THE AMOUNT IS REPORTED ON

SCHEDULE J, PART II, COLUMN (B)(III) AND COLUMN (F).

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

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

COMPENSATION COMMITTEE REVIEWS ANNUAL BONUSES AWARDED TO STAFF.

Schedule J (Form 990) 2019

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

# **Noncash Contributions**

OMB No. 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number NEW YORK PUBLIC RADIO D/B/A WNYC RADIO, WQXR AND NJ PUBLIC RADIO 13-3015230

Par	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	Method o			
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		76.	2,089,495.	STOCK VAI	UE (	GIVE	.1
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►(							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29		.,	
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	-			•	00		v
_	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a					24	Х	
00 -	contributions?					31	^	
32a	Does the organization hire or use	-	_			220		Х
1.	contributions?					32a		
	If "Yes," describe in Part II.	omount != -	olumn (a) far a time a af a a a	norty for which calculate (-)	ا - ا مام مار			
<b>33</b>	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

Schedule M (Form 990) (2019) Page **2** 

Part II Suppleme

**Supplemental Information.** 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) (2019)

9E1508 1.000

2756BJ E299 V 19-8.1F 2552323 PAGE 57

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service

D/B/A WNYC RADIO,

Name of the organization

WOXR AND NJ PUBLIC RADIO

NEW YORK PUBLIC RADIO

13-3015230

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

NEW YORK PUBLIC RADIO CONSISTS OF WNYC (WNYC AM 820, WNYC 93.9 FM IN NEW YORK CITY, AND WWW.WNYC.ORG); WOXR (105.9 FM IN NEW YORK CITY, WOXW 90.3 FM IN OSSINING, AND WWW.WOXR.ORG); NEW JERSEY PUBLIC RADIO (WNJT 88.1 FM, WNJP 88.5 FM, WNJY 89.3 FM, AND WNJO 90.3 FM IN NORTHERN NEW JERSEY; GOTHAMIST.COM; AND THE JEROME L. GREENE PERFORMANCE SPACE (160 VARICK AND ONLINE AT WWW.THEGREENSPACE.ORG).

WNYC AND WOXR ARE AMONG THE COUNTRY'S TOP LEADING PUBLIC RADIO STATIONS. ESTABLISHED IN 1924 AS A MUNICIPAL RADIO STATION AND OPERATED AS SUCH FOR 74 YEARS, NEW YORK PUBLIC RADIO NOW EXISTS AS AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION WITH A DEDICATED BOARD OF TRUSTEES. PRODUCES A WIDE RANGE OF PROGRAMS FOR LOCAL AND NATIONAL AUDIENCES. LOCALLY, WNYC OPERATES ONE OF THE LARGEST LOCAL NEWSROOMS IN THE REGION, PROVIDING AWARD-WINNING LOCAL NEWS ON AIR AND ONLINE. THE STATION ALSO PRODUCES THE HIGHLY REGARDED LOCAL PUBLIC AFFAIRS CALL IN SHOW THE BRIAN LEHRER SHOW, AS WELL AS THE ARTS AND CULTURE SHOW ALL OF IT. WNYC IS ALSO A MAJOR CONTENT PROVIDER FOR PUBLIC RADIO STATIONS ACROSS THE COUNTRY. ITS NATIONALLY DISTRIBUTED PROGRAMS AND PODCASTS INCLUDE THE TAKEAWAY, RADIOLAB, ON THE MEDIA, AND THE NEW YORKER RADIO HOUR.

WNYC'S ORIGINAL CONTENT IS AVAILABLE TO PEOPLE WHEREVER THEY ARE VIA MOBILE PLATFORMS, ONLINE AUDIO STREAMS, AND PODCASTS. WNYC ALSO PROVIDES NEW YORK AND NEW JERSEY WITH THE BEST PROGRAMMING FROM NPR, THE BBC,
PUBLIC RADIO EXCHANGE, AND APM. NEW JERSEY PUBLIC RADIO EXTENDS WNYC'S
REACH AND SERVICE MORE DEEPLY INTO NEW JERSEY.

WQXR 105.9 FM IS AMONG THE NATION'S MOST LISTENED-TO CLASSICAL STATION

AND NEW YORK CITY'S ONLY ALL-CLASSICAL MUSIC STATION. WQXR OFFERS

PROGRAMS SUCH AS METROPOLITAN OPERA SATURDAY MATINEE BROADCASTS AND NEW

YORK PHILHARMONIC THIS WEEK, AS WELL AS CARNEGIE HALL LIVE, A

CO-PRODUCTION OF WQXR AND CARNEGIE HALL. WQXR OPERATES WQXW (FORMERLY

WDFH), EXTENDING ITS REACH INTO CENTRAL AND NORTHERN PARTS OF WESTCHESTER

COUNTY ON WQXW 90.3 FM.

IN ADDITION TO ITS AUDIO CONTENT, WNYC AND WQXR PRODUCE CONTENT FOR

IN-PERSON AND VIRTUAL AUDIENCES FROM THE JEROME L. GREENE PERFORMANCE

SPACE, THE STATION'S STREET-LEVEL BROADCAST STUDIO AND PERFORMANCE SPACE.

THE GREENE SPACE PRODUCES PUBLIC EVENTS, INCLUDING CLASSICAL MUSIC

PERFORMANCES, PODCAST TAPINGS, AND POLITICAL AND CULTURAL CONVERSATIONS.

THROUGHOUT THE PANDEMIC, AS THE CITY'S CULTURAL INSTITUTIONS CLOSED AND PERFORMANCE STAGES REMAINED DARK, NEW YORK PUBLIC RADIO HAS PARTNERED WITH VARIOUS ORGANIZATIONS TO PROVIDE NEW YORKERS ENGAGING CULTURAL PROGRAMMING. IN PARTNERSHIP WITH THE NEW YORK PUBLIC LIBRARY, WNYC'S DAILY LOCAL PROGRAM ALL OF IT PRESENTED A MONTHLY BOOK CLUB. IN PARTNERSHIP WITH LINCOLN CENTER, WQXR PRODUCED AN ON-AIR AND ONLINE EDITION OF THE ANNUAL MOSTLY MOZART FESTIVAL. IN PARTNERSHIP WITH THE

PUBLIC THEATER, WNYC PRODUCED A FOUR NIGHT RADIO VERSION OF RICHARD II IN LIEU OF THEATER'S ANNUAL "SHAKESPEARE IN THE PARK" PRODUCTION IN CENTRAL PARK. AND THROUGHOUT, THE GREENE SPACE CONTINUED TO PRODUCE PUBLIC AFFAIRS AND CULTURAL PROGRAMMING WHICH IT OFFERED ONLINE TO AUDIENCES WORLDWIDE.

DESCRIPTION OF THE FORM 990 REVIEW PROCESS FORM 990, PART VI, LINE 11A

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY NEW YORK PUBLIC RADIO. THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY NEW YORK PUBLIC RADIO'S FINANCE DEPARTMENT, AS WELL AS THE CHIEF FINANCIAL OFFICER AND 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.

DESCRIPTION OF THE PROCESS FOR DETERMINING CEO COMPENSATION FORM 990, PART VI, 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 WITH RESPECT TO THE CEO'S COMPENSATION ARRANGEMENT, IS PERMITED TO PARTICIPATE IN THE COMPENSATION REVIEW OR DECISION MAKING PROCESS. CONTEMPORANEOUS WRITTEN RECORDS ARE KEPT OF THE PROCESS. THE LAST REVIEW WAS DONE IN SEPTEMBER 2020.

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.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, HI, IL, KS, KY, ME, MD, MA, MI,

NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

2552323

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

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NAVISTAR DIRECT MARKETING, LLC 4612 NAVISTAR DRIVE FREDERICK, MD 21703	PRINTING & MAILING	1,155,449.
STREAMGUYS P.O. BOX 828 ARCATA, CA 95518	STREAMING SERVICES	792,051.
WEIL, GOTSHAL & MANGES LLP PO BOX 70280 PHILADELPHIA, PA 19176	LEGAL	389,803.
SPENCER STUART PO BOX 98991 CHICAGO, IL 60693	RECRUITMENT	344,174.
LEWIS KENNEDY ASSOCIATES 4800 SW MACADAM AVE STE 240 PORTLAND, OR 97239	FUNDRAISING	245,980.