Return of Organization Exempt From Income Tax

orm **990**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2015

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

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

1	
	Open to Public
	Inspection

A F	or th	e 2015 calendar year, or tax year beginning	0/01, 2015	5, and en	ding		09/30,	20 16		
B 0	heck if ap	C Name of organization				D Employer ide	entification i	number		
_	_ '	NEWARK PUBLIC RADIO, INC.								
	Addre chang					22-2137	728			
	Name	change Number and street (or P.O. box if mail is not delivered to street add	ress)	Room/suit	te	E Telephone no	ımber			
	Initial	return 54 PARK PLACE		(973) 62						
	Termi	city or town, state or province, country, and ZIP or foreign postal c	ode							
	Amen returr					G Gross receip	ts \$	6,710	,766.	
	Applio pendi		IN			H(a) Is this a grou	up return for	Yes	X No	
		54 PARK PLACE NEWARK, NJ 07102				H(b) Are all subord		Yes	No	
ı	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or	527	If "No," attac	ch a list. (see in	structions)		
J	Websi	te: ▶ WWW.WBGO.ORG				H(c) Group exemp	ption number	>		
K	Form o	of organization: X Corporation Trust Association Other	>	L Yea	ar of format	tion: 1976 M	State of lega	l domicile:	NJ	
P	art I	Summary								
	1	Briefly describe the organization's mission or most significant activi	ties: WBGO	IS A P	UBLICL	Y SUPPORT	ED CULT	'URAL		
e		INSTITUTION THAT CHAMPIONS JAZZ, AN AMER								
au		WORLDWIDE AUDIENCE THROUGH RADIO AT 88.3	FM AND	WEBSIT	E AT W	BGO.ORG.				
Verr	2	Check this box ▶ if the organization discontinued its operat	ions or dispos	ed of more	than 25%	of its net assets	3.			
Governance	3	Number of voting members of the governing body (Part VI, line 1a)					3		13.	
ళ	4	Number of independent voting members of the governing body (Pa	rt VI, line 1b)				4		13.	
ij	5	Total number of individuals employed in calendar year 2015 (Part \					5		56.	
Activities &	6	Total number of volunteers (estimate if necessary)					6		280.	
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12					7a		0	
		Net unrelated business taxable income from Form 990-T, line 34 .					7b		0	
						Prior Year		Current Y	'ear	
Φ	8	Contributions and grants (Part VIII, line 1h)			$\neg \Box$	4,030,29	2.	4,063	3,838	
Revenue	9	Program service revenue (Part VIII, line 2g)	COF	PY FOR		673 , 77	7.	62	1,755	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	PUBLIC	NSPECTIO	N	10,17	7.	10	0,996	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	1e)		_	12,91	.0.	2.	2 , 850	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column				4,727,15	6.	4,719	9,439	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)					0.		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0.		0	
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A				3,044,89	7.	3,109	9,389	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					0.		0	
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	1,020,572	2.	-					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				1,893,09	1.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), lir				4,937,98				
	19	Revenue less expenses. Subtract line 18 from line 12				-210,83	2.	-1	7,687	
or ces					Begin	ning of Current \	'ear	End of Yea	ar	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				4,938,10	5.	4,838	8,446	
t As	21	Total liabilities (Part X, line 26)				325,03			6 , 338	
SE E	22	Net assets or fund balances. Subtract line 21 from line 20				4,613,06	.8.	4,592	2,108	
Pa	rt II	Signature Block								
Une	der per	nalties of perjury, I declare that I have examined this return, including account, and complete. Declaration of preparer (other than officer) is based on all in	mpanying sched	lules and sta	atements, a	and to the best of	my knowle	dge and b	elief, it is	
tiut	e, corre	cut, and complete. Declaration of preparer (other than officer) is based on all it	normation or win	iicii preparei	i ilas aliy ki	liowiedge.				
C:-							0/2017			
Sig		Signature of officer				Date				
He	i e	AMY GLADSTEIN	CEO							
		Type or print name and title								
De:		Print/Type preparer's name Preparer's signature		Date		Check	if PTIN			
Paid		JOYCE MAYERESKY				self-employe		024518	3	
	parer Only	Firm's name WITHUMSMITH+BROWN, PC				T IIIII O E II V	22-2027			
	•	Firm's address ▶ 1 SPRING STREET NEW BRUNSWICK	•			Phone no.	732-828	-1614		
May	the I	RS discuss this return with the preparer shown above? (see instructi	ons)	<u></u>	<u> </u>	<u></u>	Х	Yes	No	
		rwork Reduction Act Notice, see the separate instructions.			···			Form 99	0 (2015)	

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Forr	n 990 (2015) Page 2
Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
	ATTACHPENT
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$3,107,242. including grants of \$) (Revenue \$621,755)
	ALL ACTIVITIES AND EXPENSES RELATE TO OPERATING NEW JERSEY'S
	LARGEST NPR AFFILIATED, PROFESSIONAL NON-COMMERCIAL RADIO STATION.
	WBGO'S BROADCAST SIGNAL COVERS SIGNIFICANT PORTIONS OF THE
	TRI-STATE, METRO-AREA WITH EDUCATIONAL, INFORMATIONAL, AND JAZZ
	PROGRAMMING. WBGO PROMOTES ITSELF VIA A WEBSITE (WWW.WBGO.ORG) AND
	STREAMS ITS BROADCAST SIGNAL DIGITALLY VIA THE INTERNET AND CELL
	PHONE TECHNOLOGY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 3,107,242.
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Part IV Checklist of Required Schedules

Part	Checklist of Required Schedules		Yes	No
	le the organization described in section E01(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vec"		165	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
2	complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 11	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	' '		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
_,	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	0.7		Х
00	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	х	
	19? Note. All Form 990 filers are required to complete Schedule O.		990	(2015)
		OIIII	J J J	(2010)

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Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 56		Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Closs modific from members of shareholders 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

Section	on A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
;	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			х
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Code	- 1	Λ
Secur	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	Yes	No
40.	Did the consideration because the above because the control of the	10a		X
	Did the organization have local chapters, branches, or affiliates?	Toa		
	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14	Х	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
,	with a taxable entity during the year?	16a		Х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NJ, NY,			
	tication will a regulation on examination to make its Forms 1000 (or 1004 if applicable) 000, and 000 T (Costion	501(c	:)(3)s	only)
I	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	001(0	/(-/	• 7
10	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	·		
	available for public inspection. Indicate how you made these available. Check all that apply.	·		

JSA 5E1042 1.000 Form **990** (2015)

22-2137728

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

Check if Schedule O contains a response or note to any line in this Part VII......

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this b	ox if neither the	ne organization no	r anv relat	ted organization	n compensated	l anv current office	r. director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	neck s pe	ition more	e than control Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)CHRISTOPHER ALLEGAERT	1.00					ă				
CHAIR	0.	Х		Х				0.	0.	0.
(2)ALBERT DELEON	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(3)ALAN HOLTZ	1.00									
TRUSTEE	0.	Х						0.	0.	0
(4)STEVEN KAMEN	1.00									
TRUSTEE	0.	Х						0.	0.	0
(5)HENRY MAUERMEYER	1.00									
TREASURER	0.	Х		Х				0.	0.	0
(6)TIMOTHY L. PORTER	1.00								_	
TRUSTEE	0.	Х						0.	0.	0
(7)MILVIA_BURNS	1.00									
SECRETARY CRECORY ELOYD	0.	Х		X				0.	0.	0
(8) GREGORY FLOYD TRUSTEE	$-\frac{1.00}{0.}$	v						0.	0.	0
(9)D. NICHOLAS MICELI	1.00	Х						0.	0.	0
VICE CHAIR		Х		Х				0.	0.	0
(10) STEVEN EDWARDS	1.00	Λ		71				0.		
TRUSTEE		Х						0.	0.	0
(11)MICHAEL OSTROFF	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12)JONATHAN OTTO	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13)ROBERT DEFILLIPPO	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14)AMY GLADSTEIN	40.00									
PRESIDENT & CEO	0.			Х				148,274.	0.	15,291

JSA 5E1041 1.000 Form **990** (2015)

NEWARK PUBLIC RADIO, INC. 22-2137728

Form 990 (2015) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Institutional trustee Highest compensated employee related organization from the (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 15) GEM TULLOCK 40.00 VP FINANCE & ADMIN 0. Х 84,062. 0. 11,666. 16) DAVID TALLACKSEN 40.00 VP OPERATIONS & ENGINEERING Х 0. 74,773. 0. 14,724. 15,291. 148,274. 0. 1b Sub-total 158,835. 0. 26,390. c Total from continuation sheets to Part VII, Section A 307,109. 0. 41,681. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Х employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Х for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 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 (B) (A) (C) Name and business address Description of services 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 ▶ 0.

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NEWARK PUBLIC RADIO, INC.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII........ (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues 269,370. Fundraising events d Related organizations 1d 692,781. 1e Government grants (contributions) . . f All other contributions, gifts, grants, 3,101,687. and similar amounts not included above . 1f 2,719. g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 4,063,838 Program Service Revenue **Business Code** UNDERWRITING REVENUE 515100 602,755 602,755 10,000. 515100 10,000. FEE FOR SERVICE h 532000 9,000 9,000. SCA INCOME d All other program service revenue 621,755 Total. Add lines 2a-2f . (including Investment income dividends interest and other similar amounts). ATTACHMENT 2 12,034. 12,034 Income from investment of tax-exempt bond proceeds . > 0. 0. 5 (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . _ (ii) Other Gross amount from sales of (i) Securities 1,626,156. assets other than inventory **b** Less: cost or other basis 1,625,847. 1,347. and sales expenses 309. -1,347. c Gain or (loss) -1,038 -1,038. Gross income from fundraising Other Revenue ATCH 3 269,370. events (not including \$ _ of contributions reported on line 1c). 364,133. See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events ATCH 4 ▶ 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ____ **10a** Gross sales of inventory, returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** PREMIUM SALES 515100 1,596. 1,596 11a MISCELLANEOUS 515100 21,254 21,254 h С d All other revenue 22,850. Total. Add lines 11a-11d 4,719,439 644,605 10,996. Total revenue. See instructions.

JSA 5E1051 1.000

Form **990** (2015)

Page **10**

NEWARK PUBLIC RADIO, INC.

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 (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 74,381. 364,682. 20,518. 269,783. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,218,888. 1,631,846. 129,663 457,379. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 33,515. 22,725. 2,575 8,215. section 401(k) and 403(b) employer contributions) 168,172. 25,771 72,678. 266,621. 31,590. 44,776. 225,683. 149,317. 11 Fees for services (non-employees): 0 a Management 0 . **b** Legal 25,220. 25,220. c Accounting 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17, 0. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 16,884. 266,575. 240,496. 9,195 (A) amount, list line 11g expenses on Schedule O.) 206,313. 192,053. 390. 13,870. Advertising and promotion 12 288,149. 99,971. 177,863. 10,315. 13 Office expenses 46,217. 37,288. 8,929. 14 Information technology 0. Royalties 15 272,617. 218,096. 36,817. 17,704. Occupancy 16 31,726. 23,936 5,910. 1,880. Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 2,313. 570 1,743 Conferences, conventions, and meetings 19 0. 0 . 21 Payments to affiliates 74,917. 27,388 39,758. 142,063. 22 Depreciation, depletion, and amortization 59,854. 38,139. 10,697. 11,018. Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aARTIST FEES 58,234. 58,234. **hPREMIUMS** 136,029. 58,982. 77,047. cAUDIENCE RESEARCH 44,720. 44,720. dDUES AND SUBSCRIPTIONS 25,325. 20,690. 4,200. 435. 9,126. 6,684. 22,382. 6,572. e All other expenses _____ 4,737,126. 3,107,242. 609,312 1,020,572. 25 Total functional expenses. Add lines 1 through 24e 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 .

Form 990 (2015)

NEWARK PUBLIC RADIO, INC. 22-2137728

Form 990 (2015) Page **11 Balance Sheet**

Beginning of year End of year 12,936. 170,760. Cash - non-interest-bearing 1 2,683,904. 2,591,222. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 378,233. 355,048. 3 107,919. 109,904. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 0. 0. 5 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0. 0. 6 Notes and loans receivable, net 0. 0. 7 7 Inventories for sale or use Prepaid expenses and deferred charges ATCH 5 0. 0. 8 74,311. 57,556. q **10a** Land, buildings, and equipment: cost or 4,839,812. 10a other basis. Complete Part VI of Schedule D 3,331,703. 1,642,019. 10c 1,508,109. Investments - publicly traded securities ATCH 6 38,783. 45,847. 11 11 Investments - other securities. See Part IV, line 11 0. 12 0. 12 Investments - program-related. See Part IV, line 11 0. 13 Λ. 13 0. 0. 14 14 0. Other assets. See Part IV, line 11 0. 15 15 4,938,105. 4,838,446. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 171,005. 121,590. Accounts payable and accrued expenses 17 17 Grants payable 18 0. 18 76,918. 85,081. 19 Deferred revenue ATCH 7 19 41,732. 0. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 0. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 22 0. 0. Secured mortgages and notes payable to unrelated third parties 0. 23 23 Unsecured notes and loans payable to unrelated third parties 0. 0. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 35,382. 25 39,667. Total liabilities. Add lines 17 through 25 325,037. **26** 246,338. 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 3,178,790. 27 3,016,842. Temporarily restricted net assets 555,279. 696,267. 28 28 29 878,999. 878,999. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set Total net assets or fund balances 4,613,068. 4,592,108. 33 33 Total liabilities and net assets/fund balances 4,938,105. 4,838,446. 34 34

Form **990** (2015)

Part X

NEWARK PUBLIC RADIO, INC. 22-2137728

Form 99	90 (2015)				Pag	je 12	
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		1,71			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	1,73	7,1	26.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	7,6	87.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,61	3,0	68.	
5	Net unrealized gains (losses) on investments	5		_	3,2	73.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	4	1,59	2,1	08.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	·					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?		2	2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?		2	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:		_				
	X Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oversiał	nt				
·	of the audit, review, or compilation of its financial statements and selection of an independent acc	_		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.						
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	n				
va	the Single Audit Act and OMB Circular A-133?			3a		Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao th	ne –				
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Nan	ne of the organization					Employer ider	ntification number					
$\overline{}$	WARK PUBLIC RADIO, INC						-2137728					
	rt I Reason for Public Cha	<u> </u>		<u> </u>			S					
	organization is not a private fou		•	_	-	•						
1	A church, convention of ch											
2	A school described in sect i			-								
3	A hospital or a cooperative	•	-				· · · · · · · · · · · · · · · · · · ·					
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the											
_	hospital's name, city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X An organization that norm	ally receives a sul	ostantial part of its su	ipport fr	om a go	vernmental unit or fr	om the general public					
	described in section 170(b)(1)(A)(vi). (Comp	lete Part II.)									
8	A community trust describe	ed in section 170(l	b)(1)(A)(vi). (Complete	Part II.)								
9	An organization that norm	-										
	receipts from activities rel	-	-			• • •						
	support from gross inves					·	tax) from businesses					
	acquired by the organization				-	•						
10	An organization organized	•	-	-								
11	An organization organized	•	=	-								
	one or more publicly suppo	-			-							
	the box in lines 11a through											
а		· · · · · · · · · · · · · · · · · · ·	•	-								
	the supported organization			elect a m	iajority o	it the directors or trus	stees of the supporting					
b	organization. You must c Type II. A supporting org	-		nnection	with ite	supported organizat	on(e) by baying					
D	control or management of	•				· · · · -						
	organization(s). You mus		-	ine sam	e persor	is that control of that	lage the supported					
С				ated in c	onnectio	n with and functiona	Ilv integrated with					
•	its supported organization						ny miogratoa witin,					
d			•				ted organization(s)					
	that is not functionally into			-								
	requirement (see instruct			_		•						
е		•					II, Type III					
	functionally integrated, or	r Type III non-funct	tionally integrated sup	porting o	organizat	tion.						
f	11											
g	Provide the following informati	on about the supp	orted organization(s).	Г			_					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
			above (see instructions))		ment?	instructions)	instructions)					
				Yes	No							
				res	NO							
(A)												
(B)												
(0)												
(C)												
(D)												
(E)												
Tot	al											
	w.					i .	i .					

22-2137728

NEWARK PUBLIC RADIO, INC.

Page 2 Schedule A (Form 990 or 990-EZ) 2015

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,179,590.	4,573,834.	4,178,511.	4,030,292.	4,063,838.	21,026,065.
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	4,179,590.	4,573,834.	4,178,511.	4,030,292.	4,063,838.	21,026,065.
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)						0.
_6	Public support. Subtract line 5 from line 4.						21,026,065.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	4,179,590.	4,573,834.	4,178,511.	4,030,292.	4,063,838.	21,026,065.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,541.	8,109.	5,236.	9,651.	12,034.	47,571.
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						21,073,636.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	3,438,874.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2015 (lin		-			14	99.77%
15	Public support percentage from 2014					15	98.61%
16a	331/3% support test - 2015. If the o						
	this box and stop here. The organization						
D	331/3% support test - 2014. If the o	_					
170	check this box and stop here. The orga	-					
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
	Part VI how the organization meets t						
	organization			-	· ·		pported □
h	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	_	•		•		
	Explain in Part VI how the organization						-
18	supported organization Private foundation. If the organization						▶
. •	instructions						
							· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2015

PUBLIC DISCLOSURE COPY NEWARK PUBLIC RADIO, INC.

Page 3 Schedule A (Form 990 or 990-EZ) 2015

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) To graph of the process of the	Sec	tion A. Public Support			, p		,	
Giffs, grants, contributions, and membership tess excelled, Claim of Incidual any "Insusual grants"; Clices received from admissions, mechanishes sold or services performed, or facilities furnished in synchrity that is related to the organization's benefit and either paid to or expended on its behalf, 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf, 5. The value of services or facilities furnished by a governmental unit to the organization without charge, 6. Total Add lines 1 through 5. 7. 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. 9. Amounts included on lines 2. and 3 secolved from disqualified persons. 9. Amounts included on lines 2. and 3 secolved from disqualified persons. 9. Amounts included on lines 2. and 3 secolved from either and interest, dividendly, persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year 9. Amounts from line 6. 9. Unrelated business taxable income (eas section 5.1 taxes) from businesses section 5.11 taxes) from businesses section 5.11 taxes (middle displaced businesses section 5.11 taxes) from businesses section 5.11 taxes (middle displaced businesses) section 5. Computation of Public Support Percentage 19. Public support (Add lines 9, 10c, 11, and 12.) 10. Total support (Add lines 9, 10c, 11, and 12.) 11. Net income from unrelated businesses section 5. Computation of Public Support Percentage 19. Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). 10. Explain in the computation of Investment Income Percentage 11. Investment lincome percentage for 2015 (line 8, column (f) divided by line 13, column (f)). 11. In the computation of Inv			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3 organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2014 Schedule A, Part III, line 17 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19a 331/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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16 Public support percentage from 2014 Schedule A, Part III, line 15	Sec	tion C. Computation of Public Supp	port Percent	age				
16 Public support percentage from 2014 Schedule A, Part III, line 15	15	Public support percentage for 2015 (line 8,	column (f) divide	ed by line 13, colui	mn (f))		15	%
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	ısa	-						
ט אווי איני support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and					-			
	D							
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.				•	•	. ,		

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NEWARK PUBLIC RADIO, INC.

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5а	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).	5a		
	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?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
0 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.	10a		
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.)	10b		

NEWARK PUBLIC RADIO, INC. 22-2137728 Schedule A (Form 990 or 990-EZ) 2015 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 11b **b** A family member of a person described in (a) above? c 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 **Section B. Type I Supporting Organizations** Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a 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.

Parent of Supported Organizations. Answer (a) and (b) below.

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.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

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Schedule A (Form 990 or 990-EZ) 2015 Page 6

NEWARK PUBLIC RADIO, INC.

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

Schedule A (Form 990 or 990-EZ) 2015

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NEWARK PUBLIC RADIO, INC.

Page 7 Schedule A (Form 990 or 990-EZ) 2015

Part V 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	ed				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	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 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
а						
b						
С						
d	From 2013					
е	From 2014					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section					
	D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7	Excess distributions carryover to 2016. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а						
b						
С	Excess from 2013					
d	Excess from 2014					
е	Excess from 2015					

Schedule A (Form 990 or 990-EZ) 2015

NEWARK PUBLIC RADIO, INC.

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule A (Form 990 or 990-EZ) 2015

22-2137728

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

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number NEWARK PUBLIC RADIO, INC. 22-2137728

	22 210//20						
rganization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.						
Special Rules							
regulations under s 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line nd that received from any one contributor, during the year, total contributions of the greater of (1) 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 2

Name of organization NEWARK PUBLIC RADIO, INC.

Employer identification number 22-2137728

raiti	Continuators (see instructions). Ose duplicate copies	or i art i ii additional space is ne	seded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$\$\$	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		\$\$	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		\$\$	Person X 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.)

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Name of organization NEWARK PUBLIC RADIO, INC.

Employer identification number

22-2137728

Part Nonca			1
(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
		<u> </u>	
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		 \$	

Name of organization NEWARK PUBLIC RADIO, INC.

Employer identification number

22-2137728

Part III	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferon's name address as	(e) Transi		nobin of transferor to transferoe
	Transferee's name, address, an	IU ZIF + 4	- neiatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4		(e) Transi		nship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf	_	nship of transferor to transferee
	Transièree's name, audress, ai	IU ZIF + 4	neiatio	isinp of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transi		nship of transferor to transferee

JSA 5E1255 3.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number**

NEW	ARK PUBLIC RADIO, INC.	22-2137728
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value of grants from (during year)	
- 5	Did the organization inform all donors and donor advisors in writing that the assets held	Lin donor advised
J	funds are the organization's property, subject to the organization's exclusive legal control?	
c		— —
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
Do	conferring impermissible private benefit?	i les ino
Ρē	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		of a historically important land area
		of a historically important land area
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination of the conservation easements modified, transferred, released, extinguished, or termination of the conservation easements modified, transferred, released, extinguished, or termination of the conservation easements modified, transferred, released, extinguished, or termination of the conservation easements modified, transferred, released, extinguished, or termination of the conservation easements modified to the conservation of the conservation easements and the conservation easements are conservation of the conservation easements and the conservation easements are conservation easements.	nated by the organization during the
_	tax year >	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	-
^	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
,	Amount of averages incurred in manifesing inspecting handling of violations and enforcing	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
0	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170/h)//1)/P)/i)
8		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue ar	Yes No
9	balance sheet, and include, if applicable, the text of the footnote to the organization's finan-	
	organization's accounting for conservation easements.	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a		revenue statement and halance sheet
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<u></u> _

NEWARK PUBLIC RADIO, INC. 22-2137728

	Jule D (Form 990) 2015						. ,		Page 2
Par	t III Organizations Maintainii								
3	Using the organization's acquisition		other records, ch	eck any of th	ne followin	ig that are a sigr	nificant	use o	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loa	n or exchang	e programs	3			
b	Scholarly research		e Oth	er					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	and explain how	v they furthe	r the orga	nization's exemp	t purpos	se in	Part
	XIII.								
5	During the year, did the organization	on solicit or receive o	donations of art, h	istorical treas	sures, or otl	her similar			
	assets to be sold to raise funds rath						Yes		No
Par	t IV Escrow and Custodial Ar		'						—
	Complete if the organizat		s" on Form 990,	Part IV, line	9, or repo	orted an amount	t on Foi	rm	
	990, Part X, line 21.		,	,	,				
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary fo	r contribution	s or other a	assets not			
	included on Form 990, Part X?		-			_	Yes		No
b	If "Yes," explain the arrangement i								J -
	g		g			Amount			
С	Beginning balance			1c		7.11.001.11			
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an am					ecount liability?	Yes	$\overline{}$	No
	If "Yes," explain the arrangement i	•				, _			וויי
	t V Endowment Funds.	II Fait Aiii. Check ii	ere ii trie explanat	on has been p	provided of	I Fait Alli			
rai	Complete if the organizat	tion answered "Ve	" on Form 990	Part IV line	10				
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Fou	r voore	hack
		878,999.	878,999		8,999.	856,141.			
	Beginning of year balance	0/0,999.	0/0,999	070	5,999.				913.
b	Contributions					22,858.			228.
С	Net investment earnings, gains,	5 005		.					
	and losses	5,085.	3,444		3,039.				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	5,085.	3,444		3,039.				
f	Administrative expenses								
g	End of year balance	878,999.	878,999	878	8,999.	878 , 999.		856 ,	141.
2	Provide the estimated percentage	of the current year	end balance (line 1	Ig, column (a)) held as:				
а	Board designated or quasi-endown	nent ▶	_%	,	•				
b	Permanent endowment ▶ 100.0	0000 %							
С	Temporarily restricted endowment	> %							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
За	Are there endowment funds not in	the possession of the	ne organization th	at are held a	nd adminis	tered for the			
	organization by:							Yes	No
	(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	_	•						
	t VI Land, Buildings, and Equ	ipment.							
	Complete if the organiza	tion answered "Ye			e 11a. See	e Form 990, Par	rt X, line	<u>∍ 10.</u>	
	Description of property		other basis (b) Co	st or other basis (other)	(c) Accur		d) Book va	lue	
1a	Land	,	anon)	47,855.	depied	IGGOTT		47,8	355.
b	Buildings			82,684.	71	5,442.			242.
	Leasehold improvements		2	,425,148.		8,069.	1 1	37,0	
d	Equipment			,780,979.		8,152.		02,8	
	0.0			503,146.		0,040.		13,1	
	I. Add lines 1a through 1e. <i>(Column</i>	. (d) must savel [m 000 Port V 5-1					$\frac{13,1}{08,1}$	
เบเส	ı. Add iilles Ta till büğli Te. (C <i>olullii</i>	ı (u) musi eyual Forr	н ээu, ган л, colu	ının (D), IIIIC I	<i>uu.)</i>		1,5	υυ , 1	.09.

Schedule D (Form 990) 2015

JSA 5E1269 1.000 NEWARK PUBLIC RADIO, INC. 22-2137728

Schedule D (F	Form 990) 2015			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
<u>(A)</u>				
(B)				
<u>(C)</u>				
<u>(D)</u>				
(E)				
<u>(F)</u>				
<u>(G)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
r are viii	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	n:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 B 17 1 (B) (1 10) b			
	n (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 I	Part X line 15
		scription	, 1 41117, 11110 114. 000 1 01111 000, 1	(b) Book value
(1)	(1) 2 3			(a) Deen raise
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u> </u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book valu	e	
	ral income taxes			
	RRED RENT		667.	
(3) SECU	RITY DEPOSIT	2,	000.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)	30	667.	
i Utai. (COIUI)	nn (b) must equal Fulli 330, Fall A, CUI. (D) III18 25.)	► 39,1	o o , •	

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

X

NEWARK PUBLIC RADIO, INC. 22-2137728

Schedu	le D (Form 990) 2015		Page 4
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.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	5,082,528.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	363,089.
3	Subtract line 2e from line 1	3	4,719,439.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	4 510 400
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,719,439.
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		E 102 400
1	Total expenses and losses per audited financial statements	1	5,103,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2,229.		
а	Donated services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe III Falt All.)	20	366,362.
е	Add lines 2a through 2d	2e 3	4,737,126.
3	Subtract line 2e from line 1	3	17/3/7120.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
a	invocation expenses not included on Form 500, Fart Vin, into 75 FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF		
b	Other (Describe in Part XIII.)	4c	
С 5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	4,737,126.
Part			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	PAGE 5		

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PARTS XI AND XII, LINE 2D SPECIAL EVENT EXPENSE OF \$364,133 WAS NETTED WITH REVENUE ON PART VIII OF THE FORM 990, HOWEVER IS INCLUDED IN EXPENSE IN THE STATION'S FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART V, LINE 4

INCOME EARNED ON ENDOWMENT FUNDS IS USED TO SUPPORT STATION OPERATIONS.

FORM 990, SCHEDULE D, PART X, LINE 2

THE STATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND STATE INCOME TAXES UNDER SIMILAR PROVISIONS. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT PROVISIONS FOR FEDERAL OR STATE INCOME TAXES. THE STATION HAD NO UNRECOGNIZED BENEFITS AT SEPTEMBER 30, 2016 AND 2015 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIODS PRESENTED IN THEIR FINANCIAL STATEMENTS.

Schedule D (Form 990) 2015

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number NEWARK PUBLIC RADIO, INC. 22-2137728 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I 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 Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

22-2137728

NEWARK PUBLIC RADIO, INC.

Page 2 Schedule G (Form 990 or 990-EZ) 2015

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

		gross receipts greater than \$5,00	00.					
	E		(a) Event #1 BENEFIT/GALA	(b) Event #2 MOHONK	(c) Other events 3.	(d) Total events (add col. (a) through		
4			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	272,482.	119,748.	241,273.	633,503		
œ		Less: Contributions	189,400.	19,448.	60,522.	269,370		
	3	Gross income (line 1 minus line 2).	83,082.	100,300.	180,751.	364,133		
	4	Cash prizes						
	5	Noncash prizes						
sesus	6	Rent/facility costs	33,915.	94,942.	118,844.	247,701		
Direct Expenses	7	Food and beverages	34,817.	3,709.	2,620.	41,146		
Direc	8	Entertainment	2,000.		20,050.	22,050		
	9	Other direct expenses	12,350.	1,649.	39,237.	53,236		
	11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	0 from line 3, column (d)	<u> </u>	364,133		
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" on Form 990, Pa	rt IV, line 19, or repo	orted more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
 Re	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct I	4	Rent/facility costs						
	5	Other direct expenses						
		Volunteer labor	Yes%	Yes% No	Yes% No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>			
9 a b	ıls	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:				Yes No		
		ere any of the organization's gaming l "Yes," explain:	licenses revoked, suspe	ended or terminated durir	ng the tax year?	Yes No		

NEWARK PUBLIC RADIO, INC.

22-2137728

C-b-d	WEWING TODDIE TRIDIE THE	22 210	,,,,,,	Dama 3
	dule G (Form 990 or 990-EZ) 2015			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	-		—
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives grevenue?		Ves	No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
D	amount of gaming revenue retained by the third party ▶ \$	and the		
С	If "Yes," enter name and address of the third party:			
C	if res, enter name and address of the third party.			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to)	
	retain the state gaming license?		Yes	No
b				
~	or spent in the organization's own exempt activities during the tax year > \$			
Par				

Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NEWARK PUBLIC RADIO, INC. 22-2137728 **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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
•	explain	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 in line	_		
_	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
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		X
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		X
	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		X
_	If "Yes" to 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:			Х
a	The organization?	6a		X
D	Any related organization?	6b		A
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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	<u> </u>		
•	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" to 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) 2015

NEWARK PUBLIC RADIO, INC.

Schedule J (Form 990) 2015

Page 2

22-2137728

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 are not listed on Form 990, Part VII.

individual. 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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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
AMY GLADSTEIN	≘	148,274.	0.	0.	6,980.	8,311.	163,565.	0.
1PRESIDENT & CEO	€	0.	0.	0.	0.	0.	0.	0.
	Ξ							
2	€							
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Schedule J (Form 990) 2015

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NEWARK PUBLIC RADIO, INC. 22-2137728

Schedule J (Form 990) 2015

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**15** Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Inspection Employer identification number

22-2137728

Name of the organization

NEWARK PUBLIC RADIO, INC.

FORM 990, PART VI, SECTION B, LINE 12

ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO

COMPLETE AN ANNUAL FCC "ADVERSE ADJUDICATION REPORT" ALONG WITH A WBGO

BROADCAST OWNERSHIP QUESTIONNAIRE AND A CONFLICT OF INTEREST FORM.

FORM 990, PART VI, SECTION B, LINE 15

THE COMPENSATION OF THE PRESIDENT/CEO IS DETERMINED AND APPROVED BY THE BOARD OF TRUSTEES AND IS DOCUMENTED IN THE TRUSTEE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 11A

THE FULL BOARD RECEIVES A COPY OF THE 990 FOR REVIEW PRIOR TO FILING.

BOARD MEMBERS ARE INVITED TO REVIEW, PROVIDE COMMENTS AND PRESENT

QUESTIONS, BEFORE FILING.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND BROADCAST OWNERSHIP QUESTIONNAIRE ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. THE STATION'S ANNUAL AUDIT IS AVAILABLE ONLINE AT WWW.WBGO.ORG.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NEWARK PUBLIC RADIO, INC. ("WBGO") SEEKS TO EDUCATE, ENTERTAIN AND INSPIRE THE PUBLIC BY PROVIDING ACCESS AND OPPORTUNITY TO ENGAGE WITH THE HIGHEST QUALITY, CURATED JAZZ AND BLUES PROGRAMMING PRODUCED IN THE JAZZ CAPITAL OF THE WORLD. WE BELIEVE THAT JAZZ IN ALL ITS FORMS REPRESENTS AMERICA'S CULTURAL GIFT TO THE WORLD, AND WE ARE COMMITTED

Schedule O (Form 990 or 990-EZ) 2015 Page 2

Name of the organization

Employer identification number

NEWARK PUBLIC RADIO, INC. 22-2137728

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO CONNECTING THE VIBRANCY OF OUR LOCAL COMMUNITY'S PAST, PRESENT AND FUTURE IN THE MUSIC TO A GLOBAL AUDIENCE.

WBGO IS THE GLOBAL LEADER IN JAZZ RADIO, BROADCASTING FROM THE JAZZ CAPITAL OF THE WORLD. WBGO IS A PUBLICALLY-SUPPORTED CULTURAL INSTITUTION THAT PRESERVES AND ELEVATES AMERICA'S MUSIC: JAZZ AND BLUES.

			ATTACHMENT 2
FORM 990, PAR	T VIII - INVESTMENT	INCOME	

	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL REVENUE	RELATED OR EXEMPT REVENUE	UNRELATED BUSINESS REV.	EXCLUDED REVENUE
INVESTMENT EARNINGS	12,03	4.		12,034.
TOTALS	12,03	34.	_	12,034.

АТТАСНМЕМТ	3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

GALA 269,370.

TOTAL 269,370.

PUBLIC DISCLOSURE COPY Schedule O (Form 990 or 990-EZ) 2015 Page 2 Name of the organization Employer identification number NEWARK PUBLIC RADIO, INC. 22-2137728 ATTACHMENT 4 FORM 990, PART VIII - FUNDRAISING EVENTS GROSS DIRECT DESCRIPTION INCOME **EXPENSES** GALA 364,133. 364,133. TOTALS 364,133. 364,133. ATTACHMENT 5 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES **BEGINNING ENDING** BOOK VALUE BOOK VALUE DESCRIPTION PREPAID EXPENSES 74,311. 57,556. 74,311. 57,556. TOTALS ATTACHMENT 6 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES BEGINNING ENDING COST DESCRIPTION BOOK VALUE BOOK VALUE OR FMV COMMON STOCK INVESTMENTS 16,016. 20,258. **FMV**

MUTUAL FUNDS 22,767. 25,589. FMV

TOTALS 38,783. 45,847.

ATTACHMENT 7

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

Employer identification number

NEWARK PUBLIC RADIO, INC. 22-2137728

ATTACHMENT 7 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

BEGINNING ENDING

DESCRIPTION BOOK VALUE BOOK VALUE

DEFERRED REVENUE 76,918. 85,081.

TOTALS 76,918. 85,081.

Form 8879-EO	IRS <i>e-fil</i>	e Signature Auth	orization		OMB No. 1545-1878
Form 00/3-L0	for a	n Exempt Organia	zation		OMB 140: 1340-1070
	For calendar year 2015, or fiscal year be			_ , 20 16	@@ 4 E
Department of the Treasury		ot send to the IRS. Keep for your series in the series in		27000	<u> 2015</u>
Internal Revenue Service Name of exempt organization	Information about Form	50/9-EO and its instructions is	s at www.irs.gov/torring		tification number
NEWARK PUBLIC	C RADIO, INC.			22-213	
AMY GLADSTEIN	I. CEO				
	eturn and Return Information	(Whole Dollars Only)			
check the box on line 1 leave line 1b, 2b, 3b, 4	eturn for which you are using the la, 2a, 3a, 4a, or 5a, below, and lb, or 5b, whichever is applicablew. Do not complete more than 1	the amount on that line fo e, blank (do not enter -0-). I	r the return being fil	ed with this f	orm was blank, then
1a Form 990 check h	ere 🕨 🗓 b Total revenue,	if any (Form 990, Part VIII,	column (A), line 12)	1b _	4,719,439.
2a Form 990-EZ chec	khere ▶b Totalreve	nue, if any (Form 990-EZ, li	ne 9)	2b	
3a Form 1120-POL ch		tax (Form 1120-POL, line 2			
4a Form 990-PF chec		on investment income (For			
5a Form 8868 check	here b b Balance Due (Form 8868, Part I, line 3c	or Part II, line 8c)	5b	
Part II Declaration	on and Signature Authorization	on of Officer	·		
organization's electronito send the organizatio the transmission, (b) the authorize the U.S. Treafinancial institution accoreturn, and the financia Agent at 1-888-353-45 involved in the process resolve issues related to	omplete. I further declare that the creturn. I consent to allow my in its return to the IRS and to receive reason for any delay in processisury and its designated Financia out indicated in the tax preparated institution to debit the entry to the 37 no later than 2 business days ing of the electronic payment of the payment. I have selected applicable, the organization's constitution to design applicable, the organization's constitution to the payment.	termediate service provide we from the IRS (a) an acknowing the return or refund, an all Agent to initiate an electroion software for payment of his account. To revoke a poprior to the payment (settle taxes to receive confidential a personal identification number the provided the payment is the payment of the payment (settle personal identification number the provided personal identification number the personal identification nu	er, transmitter, or ele owledgement of reco d (c) the date of any onic funds withdraws if the organization's ayment, I must conta ement) date. I also al information necess mber (PIN) as my sig	ctronic return refund. If app di (direct debit federal taxes act the U.S. Tr authorize the sary to answe	originator (ERO) for rejection of blicable, I) entry to the owed on this easury Financial financial institutions r inquiries and
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